Manitoba

Annual Report 2000 - 2001

Manitoba Health

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

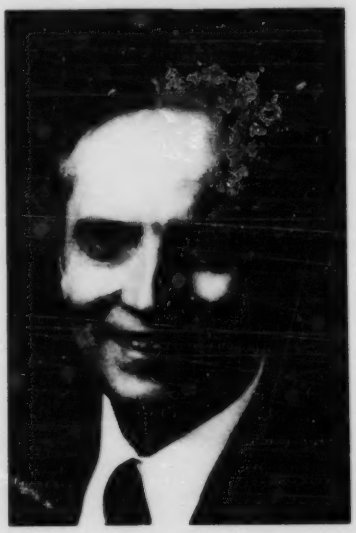
His Honour, The Honourable Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2000/01. The reports, which are published as one document, are required under The Department of Health Act and The Health Services Insurance Act respectively.

Respectfully submitted,

Dave Chomiak



2001
International Year of Volunteers

102-00547/

Manitoba

Deputy Minister of Health

Winnipeg Manitoba, R3C 0V8
CANADA

September 30, 2001

The Honourable Dave Chomiak
Minister of Health

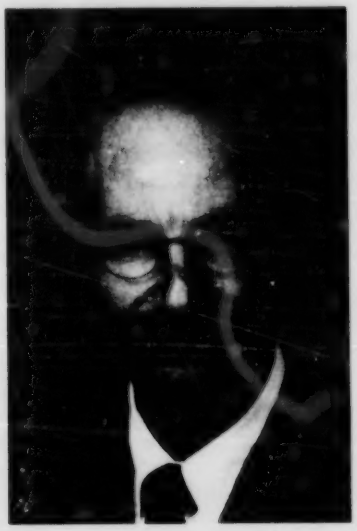
Sir:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2000/01.

Respectfully submitted,

Milton Sussman

Milton Sussman



2001
International Year of Volunteers

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Department of Health appropriation structure, as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2001. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the Department's objectives, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan; included with the financial statements is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Role and Mission

Manitoba Health is a line department within the government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

It is the mission of Manitoba Health to provide leadership and support to protect, preserve and promote the health of all Manitobans. This mission is accomplished through a structure of comprehensive envelopes encompassing program, policy, and fiscal accountability; by the development of healthy public policy; and by the provision of appropriate, effective and efficient health and health care services. Services are provided through regional delivery systems, hospitals and other health care facilities. The Department also makes payments for insured health benefits on behalf of Manitobans related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is Manitoba Health's vision to lead the way to quality health care, built with creativity, compassion, confidence, trust and respect; empower Manitobans through knowledge, choices and access to the best possible health resources; and build partnerships and alliances for health and supportive communities.

It is also the role of Manitoba Health to foster innovation in the health care system. This is accomplished through developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness; fostering behaviours and environments, which promote health; and promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

Organization

During 2000/01, Manitoba Health was organized into three divisions reflecting the Department's objectives to create a structure which would promote a consumer focused approach to meeting the health care needs of Manitobans and empower employees with clear accountabilities and decision making at a level closest to the consumer. These divisions were: External Programs and Operations, Internal Programs and Operations, and Insured Benefits, Pharmacare, Labour Market Services.

The External Programs and Operations Division underwent re-organizational changes to more effectively coordinate dealings with the Regional Health Authorities. This led to the establishment of the Regional Affairs Division in July, 2000.

The Regional Affairs Division was structured to include Regional Support Services, Financial Services, Capital Planning, Community Health Assessment, Primary Care, Home Care, Long Term Care, Emergency Medical Services and Disaster Planning.

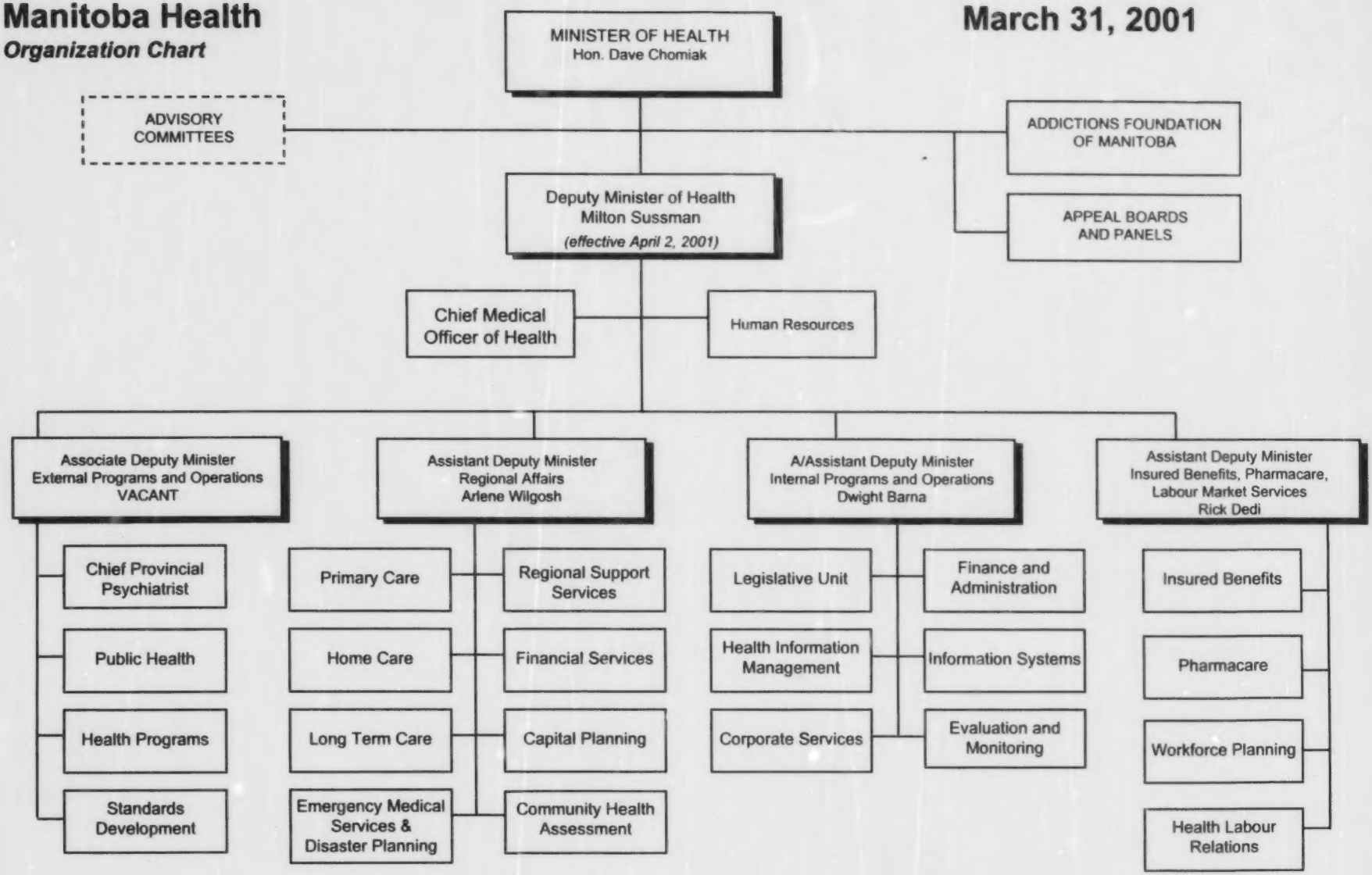
The remaining Branches of Chief Provincial Psychiatrist, Selkirk Mental Health Centre, Public Health, Cadham Provincial Laboratory, Health Programs, and Standards Development remain in the External Programs and Operations Division.

This annual report is organized in accordance with the Department's appropriation structure, which reflects the interim organization chart dated March 31, 2001.

Manitoba Health

Organization Chart

March 31, 2001



Note: This chart reflects an interim organization chart.

Statutes Responsibility - Minister of Health

	Continuing Consolidation Chapter
The Addictions Foundation Act	A 60
The Ambulance Services Act	A 65
The Anatomy Act	A 80
The Cancer Treatment and Research Foundation Act	C 20
The Dental Association Act	D 30
The Dental Health Workers Act	D 31
The Dental Health Services Act	D 33
The Denturists Act	D 35
The Registered Dietitians Act	D 75
The Elderly and Infirm Persons' Housing Act (except with respect to elderly persons housing units as defined in the Act)	E 20
The Department of Health Act	H 20
The District Health and Social Services Act	H 26
The Manitoba Health Research Council Act	H 28
The Health Services Act	H 30
The Health Services Insurance Act	H 35
The Hearing Aid Act	H 38
The Hospitals Act	H 120
The Human Tissue Act	H 180
The Licensed Practical Nurses Act (S.M. 1999, c. 37)	L 125
The Medical Act	M 90
The Manitoba Medical Association Dues Act	M 95
The Mental Health Act (except parts III and IV)	M 110
The Mental Health Act (S.M. 1998, c. 36) [except Parts 9 and 10 and Clauses 125(1)(i) and (j)]	M 110
The Midwifery Act	M 125
The Occupational Therapists Act	O 5
The Personal Health Information Act	P 33.5
The Pharmaceutical Act	P 60
The Physiotherapists Act	P 65
The Licensed Practical Nurses Act	P 100
The Prescription Drugs Cost Assistance Act	P 115
The Private Hospitals Act	P 130
The Protection for Persons in Care Act	P 144
The Registered Psychiatric Nurses Act	P 170
The Public Health Act*	P 210
The Regional Health Authorities Act	R 34
The Registered Nurses Act	R 40
The Registered Psychiatric Nurses Act (S.M. 1999, c. 38)	R 45
The Registered Respiratory Therapists Act	R 115
The Sanatorium Board of Manitoba Act	S 12
The Non-Smokers Health Protection Act	S 125

* *Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under The Public Health Act, which is assigned to the Minister of Consumer and Corporate Affairs.*

Administration and Finance

This main appropriation provides for the executive management, planning and control of departmental policies and programs. It includes the comptroller's function and central management services, including financial and administrative services, budget review, records management and human resource services.

Minister's Salary

Provides the Minister of Health with the additional compensation to which an individual appointed to the Executive Council is entitled.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	27.1	1.00	27.3	(0.2)	
Other Expenditures					
- Grants/Transfer Payments					
Total Other Expenditures					

Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Deputy Minister of Health.

The purpose of the Executive Support function is to advise the Minister on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Minister and Deputy Minister.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	510.8	11.00	558.1	(47.3)	
Other Expenditures	748.2		154.9	593.3	1.
- Grants/Transfer Payments					
Total Other Expenditures	748.2		154.9	593.3	

Explanation Number:

1. *The over-expenditure is primarily due to the costs associated with staffing the Deputy Minister's position on an acting basis on contract. Activities that also contributed to the over-expenditure included professional service agreements to conduct the search for a permanent Deputy Minister of Health.*

Finance and Administration

The Finance and Administration Branch is responsible for managing the internal financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan, and coordinating administrative support services to meet departmental operating requirements. The Branch as a whole provides budgetary, financial and administrative services to the Department and supports management in the delivery of departmental programs.

The Branch also takes on the role of Comptroller to provide policy and guidance on fiscal related matters to ensure the department, as a whole, is not exposed to an unacceptable level of risk. It also administered the Departmental Audit Program and fulfilled the Secretariat function for the department's Finance and Audit Committee. In addition, Business Planning practices and processes were reviewed during 2000/01, however the Business Planning function was transitioned into the Evaluation, Monitoring and Appeals Branch in March, 2001.

Budget Services

Budget Services prepared, printed and distributed the Department's Annual Estimates documents, including financial statements for the Health Services Insurance Plan, and Supplementary Information for Legislative Review, all within guidelines and established time frames.

Accounting Services

Accounting Services prepared a complete annual Financial Statement package including working papers for the Health Services Insurance Fund as required by legislation (Health Services Insurance Act) to be included in the Department's Annual Report. The Unit also prepared accurate and timely monthly Financial Statements of the Health Services Insurance Fund, distributed to senior management for decision making purposes. The Unit also administered $68.2 million in trust funds, maximizing return on investment and ensuring timely payment of interest and redemption of debentures.

Administrative Services

Administration Services delivered a variety of general administrative services within the Department, administered 132 contracts valued at $12.5 million and 13,295 square metres of accommodation. This Unit also managed the Departmental fleet program of 30 vehicles and 167 parking stalls, and processed no new third party claims directly or through Insurance and Risk Management.

Capital Finance

Capital Finance is responsible for the management of capital financing for outstanding and new capital projects and equipment approvals of Manitoba Health for Regional Health Authorities/Health Facilities. In 2000/01, the varied debt portfolio exceeded $576.0 million, net of accumulated sinking funds, with interest payment requirements of $52.6 million and principal payments of $30.6 million for total debt payments of $83.2 million.

Access and Privacy – Freedom of Information and Protection of Privacy/ Personal Health Information

The Finance and Administration Branch is responsible for the effective implementation of Departmental operational policies, guidelines, and procedures related to the Freedom of Information and Protection of Privacy Act and The Personal Health Information Act.

In 2000/01, the Department responded to approximately 2,000 requests for personal health information and 85 applications for access under The Freedom of Information and Protection of Privacy Act. The Provincial Ombudsman received eight complaints filed against the Department. One matter was not investigated; two were withdrawn and five continue to be investigated.

1(c) Finance and Administration

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	2,337.6	48.00	2,370.1	(32.5)	
Other Expenditures - Grants/Transfer Payments	1,111.7		933.6	178.1	1.
Total Other Expenditures	1,111.7		933.6	178.1	

Explanation Number:

1. *The over-expenditure is due to additional minor capital costs associated with the renovation of 300 Carlton Street, increased telephone, postal and computer related costs due to the relocation of Human Resource staff to 300 Carlton Street.*

Human Resources

The Human Resource Services Branch develops, implements and maintains effective human resources programming and services to support achievement of departmental goals and objectives while conforming to government policy, legislation and collective agreements.

The Branch continued to provide a wide range of human resource services to management and employees in recruitment and selection; job design and classification; organizational design and development; compensation and benefit administration; staff development and training; labour relations and contract administration; policy, procedure and standards development; and human resource management advice and support.

Major accomplishments during 2000/01:

- An audit to review the Department's delegation of staffing authority from the Civil Service Commission for the period from June 1, 1996 to March 31, 1999 was undertaken and delegation was extended to August 2001.
- Recruited 105 employees to fill term and permanent vacant positions.
- Conducted 82 classification reviews as per agreement with the Civil Service Commission for classification delegation.
- Preparation for a re-survey of all departmental employees, was completed for distribution, in conjunction with the Deputy Minister's confirmation of support for Employment Equity.
- Employed 32 students through STEP services in Summer 2000.
  - Coordinated work experience placements for students enrolled in business and vocational training programs throughout the year.
  - Assisted in placing Cooperative Education students enrolled in computer programs into the Information Systems Branch of the Department. These programs enhance the Department's ability to meet Employment Equity goals, as many students who are target group members are often later successful in securing entry-level positions.
- Provided ongoing assistance in addressing chronic recruitment and retention difficulties regarding staffing to Northern Nursing Stations, and Pharmacist positions, including exploring alternative compensation approaches.
- Participated in initial discussions between the Province and the Manitoba Medical Association towards bargaining for a new collective agreement for Government Employed Physicians.

- Reviewed major classifications of several senior and middle management positions across the Department to ensure continued equitable compensation across departmental managerial ranks.
- Continued to provide career development opportunities for employees through job rotation, acting status, secondments and cross-functional training.

Directly related to objectives of the departmental Business Plan, Human Resources completed the following:

1) The Calendar of Events for 2000/01 accommodated 448 participants over 34 sessions.
2) A tracking of educational leave & assistance, training, and out-of-Province travel has been implemented. All managers can request reports through Human Resources and can view requests for out-of-Province travel prior to giving approval. Procedures and forms are easily accessible to all staff on Manitoba Health's Intranet site.
3) Human Resources Amalgamated Unit for Health, Family Services & Housing has undertaken self-assessment and development of our own Vision, Mission and Role statements to ensure we meet departmental business plan objectives and goals.
4) Human Resources continues to strive to be more visible, more accessible to our managers. We continue to provide orientations to all new staff and keep policies, and forms current on the Intranet site.
5) Another survey to assess management training needs was completed in the Spring, 2001 and a Calendar of Events in-house training will be established for the Fall, 2001. Some urgent training requests will be accommodated by June 30/01. The survey was sent to extended management teams in both Health and Family Services & Housing.

1(d) Human Resources

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	855.2	20.79	963.6	(108.4)	
Other Expenditures - Grants/Transfer Payments	132.5		169.4	(36.9)	1.
Total Other Expenditures	132.5		169.4	(36.9)	

Explanation Number:

1. *The under-expenditure is due to reduced telephone costs due to the conversion to Meridian I system and reduced desktop costs as a result of the managed environment and Human Resources not having an on-site server to maintain.*

Corporate Services

The Corporate Services Branch provides leadership and support to internal and external clients with a focus on correspondence and information, issues management, and French Language Services.

Correspondence and Information Unit

The Correspondence and Information Unit assists Manitoba Health in coordinating and responding to over 6,000 correspondence requests received annually by the Minister of Health. The Unit works in conjunction with all program areas to keep the public and Department staff informed of new initiatives.

The Unit is also responsible for the dissemination of information through the Manitoba Health Web site, coordination of internal communication via the Department's Intranet site, and organization and provision of the Minister's Housebook.

The Unit has increased its scope, to include a variety of new roles. It provides a professional profile for a number of existing functions within Manitoba Heath including, special projects such as the design and layout of the *Physicians' Newsletter, Inside Health* internal newsletter, and various brochures and internal promotional items.

Issues Management

The Issues Management Unit provides leadership and direction, formulating divisional and departmental responses to emergent and urgent health care issues, and establishing processes that support Manitoba Health in achieving core business plans and implementing effective strategies for provincial health care programs. The Unit is responsible for providing the initial lead on project management of corporate health issues and assists in the management of a broad range of complex system and consumer health care matters. The Unit oversees issues for project management through analysis of the nature, priorities, critical path, linkages and accountability of projects.

French Language Services

Responsibility for the Government of Manitoba French Language Services Policy within the Ministry rests with the Deputy Minister of Health.

The implementation and monitoring of Manitoba Health French Language Services is under the direction of the French Language Services Coordinator, who also acts as consultant, advisor, and liaison officer for the ministry and all external clients.

The goals of the French Language Services Unit, are to ensure that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health and that Regional Health Authorities (RHAs) have improved capabilities of providing essential health services in Francophone designated areas. Service support to the RHAs is provided through the assistance of the *Santé en français* Resource Unit (SFRU).

Health Information Management (Decision Support Services)

In February, 2001 the Decision Support Services Unit along with the Epidemiology Unit and a part of the Community Health Assessment Unit were consolidated to form the Health Information Management Branch. The mandate of this Branch is to provide the Department with a coordinated information management function that will ensure timely access to information, provide expert data analysis, interpretation and research and provide leadership in the area of health information strategies, policies and standards.

Health Information Privacy Committee

The Health Information Privacy Committee is responsible for approving health research projects that use personal health information held by government department or agency. The Committee is comprised of eight members appointed by the Minister of Chairs of the Regional Health Authorities, the College of Physicians & Surgeons, the Manitoba Association of Registered Nurses, the Manitoba Pharmaceutical Association, the Manitoba Health Records Association, and the Senate of the University of Manitoba. The committee held 6 meetings during 2000/01.

Legislative Unit

The Legislative Unit is responsible for ensuring that the legislation for which the Minister of Health has statutory responsibility reflects government policy and supports the programs and initiatives related to the provision of health care in Manitoba. Staff from the Legislative Unit, serve as Manitoba Health's representative on The Professional Regulatory Network and on The Privacy Assessment Review Committee established under *The Freedom of Information and Protection of Privacy Act.*

The Legislative Unit coordinates the development, of new health legislation and amendments to existing health legislation and its conduct through Cabinet or the Legislature. In addition, the Legislative Unit:

- Reviews government and other Bills at both the federal and provincial levels to assess the impact on health policy and legislation;
- Provides advice and assistance respecting ongoing implementation of regionalization;
- Monitors and advises on compliance with the Agreement on Internal Trade (Labour Mobility Chapter) by regulated health professions.

Major accomplishments during 2000/01:

- Prepared detailed Legislative Proposals for *The Health Services Insurance Amendment Act; The Regional Health Authorities Amendment Act; The Cancer Treatment and Research Foundation Amendment Act; The Public Health Amendment Act; The Regulated Health Professions Statutes Amendment Act; The Essential Services Amendment Act and The Chiropodists Act.*
- Participated in the development of a preliminary working draft of a new *Public Health Act.*
- Participated in a Federal/Provincial/Territorial Working Group respecting the privacy of health information and delivered presentations on PHIA at national conferences.
- Co-Chaired a Federal/Provincial/Territorial Working Group on Trade Agreements.
- Assisted in the development of required regulation amendments under various health related legislation.

1(e) Corporate Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,213.0	27.50	1,313.0	(100.0)	
Other Expenditures - Grants/Transfer Payments	410.0		544.9	(134.9)	1.
Total Other Expenditures	410.0		544.9	(134.9)	

Explanation Number:

1. Due to internal reorganizations, there was minimal spending of operating costs for this fiscal year.

Program Support Services

This main appropriation provides for the management and administration of program support services. It also provides grant funding for health policy evaluation and research initiatives.

Insured Benefits Services

The Insured Benefits Branch administers the Medical Program, Pharmacare, Inter-Provincial Reciprocal Agreements, Hospital Abstract Program, Out-of-Province Benefits, Ancillary Programs and Transportation Subsidy Program. As part of its administrative role, staff of the Branch participate in and support the following processes:

- Setting of fee schedules
- Establishing benefits
- Negotiating benefit changes with professional associations involved in the provision of health care
- Conducting of investigations to ensure compliance with health legislation
- Participating on national committees to discuss health related issues, which impact on health care delivery to Manitoba residents
- Assessing requests for Out-of-Province and Out-of-Canada referrals.

Objectives

- To maintain an up to date Provincial Registration database on all residents of Manitoba.
- To make payments to residents of Manitoba and health care professionals for insured benefits as provided for in The Health Services Insurance Act and The Prescription Drugs Cost Assistance Act.
- To undertake all administrative activities necessary to ensure that the Acts and regulations are followed as they pertain to the Medical Program, Pharmacare Program, inter-provincial reciprocal agreements and out-of-country benefits.

Registration and Client Services

Summary of Activities

The Registration and Client Services Unit manages the registration of all individuals in Manitoba eligible for health care benefits provided under The Health Services Insurance Act. The Client Services section handles customers questions related to the registration process and the application requirements for other health care benefits. The Unit works collectively to ensure that residents of Manitoba receive the benefits to which they are entitled.

- This year, visits to the Client Services counter increased from 61,857 in 1999/00 to 77,417 in 2000/01 a 25% increase from the previous year. This continued increase in visits may be due in part to the centralization of Manitoba Health and an increased public awareness. Clients with correct documentation are issued registration certificates at the time of application. The number of certificates issued has increased from 33,309 in 1999/00 to 43,490 in 2000/01 a 32% increase from the previous year.
- There were 32,387 required changes to health cards, which include change of address and certificate replacements.
- Customers who mail their application for registration wait approximately 2 weeks before receiving their registration certificate. The Registration section issued 152,084 certificates for new residents to the province, 18-year-old individuals receiving their own individual certificates, and status changes (21,296) to the registration certificate (eg. Newborns, separations and deaths).

Medical and Hospital Programs

Summary of Activities

Medical Claims

The Medical Claims section is responsible for activities, which include the following:

- Registration of eligible health care practitioners.
- Assessment and processing of medical claims for payment of insured health care services provided by practitioners to Manitoba residents. In the past year 15.2 million physician services, 147,200 optometric services, 885,200 chiropractic services and 1,800 oral surgery services were processed.
- Monitoring of billing practices of practitioners, in order to identify and interpret current and emerging trends in health care services.
- Recovering incorrectly paid benefits from providers and recipients of services. Investigation resulted in the recovery of $312,204 from providers of service in 2000/01, a 256.1% increase from the previous year's recovery.

A reciprocal agreement exists between the Provinces/Territories which permits physicians to bill their own provincial health plans for services provided to residents of other provinces. In this regard, Manitoba Health processed 221,312 services for recovery of payments for services provided by Manitoba physicians.

Out of Province Claims/Reciprocal Agreements

Activities in these areas include the following:

- Approval or denial of applications from Manitoba physicians requesting funding for medical and/or hospital care outside Manitoba and for benefits under the Manitoba Transportation Subsidy Program. This involves providing direction and assistance to physicians in obtaining necessary and appropriate care for their patients that is not available in Manitoba and in some instances may not be available elsewhere in Canada. Staff also provide direction, assistance and support to residents who must travel outside the province to obtain medically necessary services. During 2000/01, Manitoba Health received 1,267 requests for coverage of services outside Manitoba. Travel subsidies totaling approximately $716,000 were provided to 714 patients for 903 international and domestic trips.
- Assess and pay claims to doctors and hospitals that have provided emergency medical care to Manitoba residents while temporarily travelling or residing outside of the country. Manitoba residents incurred 4,666 claims from physicians as well as 2,582 outpatient visits and 2,179 inpatient days for emergency care in hospitals outside of Canada.
- Under the terms of the *Canada Health Act* and the Inter-Provincial Reciprocal Billing Agreements, Manitoba Health made payment totaling $15.9 million for 16,739 inpatient days and 29,506 outpatient visits for Manitoba residents who received care in hospitals in other provinces.
- It should be noted that Manitoba is a net beneficiary of reciprocal agreements with other provinces, recognizing that 28,342 inpatient days and 39,590 outpatient visits were incurred by residents from other provinces in Manitoba hospitals. Recoveries processed on behalf of the province totaled $26.1 million in 2000/01.

Medical Assessment

Medical Assessors and practicing consultants provide medical expertise to the physician community, senior management and internal committees regarding fee negotiations, insured services, claims processing and the management of the system. The medical assessors serve as a liaison with other provincial health care plans to determine and monitor inter-provincial trends in health care delivery. In addition the medical assessors provide assistance to processing staff in assessing complex or unusual claims.

Pharmacare/Ancillary Programs

Summary of Activities

Pharmacare Program

The Pharmacare Program funds pharmaceutical benefits, as provided for in The Prescription Drugs Costs Assistance Act and Regulations, in order to protect the residents of Manitoba from financial hardships resulting from expenses for prescription drug expenses.

The Income Based Pharmacare Program mandates an annual application for benefit coverage and provides 100% financial assistance in excess of a pre-set deductible for eligible prescription drugs.

- In 2000/01, actual Pharmacare Program expenditures (Pharmacare and Special Drugs Program) expenditures totaled $108.9 million, a 27% increase over fiscal 1999/00. The total number of beneficiary families increased to 67,655 families, that is 8.2% over 1999/00 of 62,500 families.

The Drug Programs Information Network system is a computer network connecting pharmacies in Manitoba to a central database. It directly reimburses pharmacies for eligible drug costs that are listed in the Manitoba Drug Benefits Formulary. Pharmacies transmit information regarding prescriptions dispensed in all Manitoba pharmacies by sending the information to the network. DPIN processes all Pharmacare claims and provides pharmacists with real time adjudication of the payment required by the patient. The network also provides information to assist pharmacists in drug/drug interaction monitoring and patient counseling activities. Help desk support is available to all pharmacies seven days a week.

- In 2000/01 DPIN processed approximately 12.8 million transactions. The total number of transactions was comprised of 9.6 million transactions solely for financial reimbursement adjudication and 3.2 million transactions are reviewed and forwarded to other agencies that provide financial coverage.

Ancillary Programs

The Ancillary Programs staff is responsible for policy development, claims reimbursement and public information and support for:

- Prosthetic and orthotic devices;
- Post mastectomy breast forms and brassieres;
- Hearing aids and orthopaedic shoes for children under 18 years of age;
- Telecommunications for the profoundly deaf and speech impaired;
- Eyeglasses for persons 65 years of age and over; and
- Artificial eyes and contact lenses for infants with congenital eye defects.

In 2000/01, Manitoba Health adjudicated approximately 34,300 ancillary programs claims for 42,130 devices.

Third Party Liability Program

The Third Party Liability Program staff is responsible for the recovery of insured health care expenses, including hospitalization and medical costs, incurred as a result of third party liability.

In 2000/01, settled cases yielded total recoveries of $8.4 million; $5.3 million for hospital costs and $3.1 million for medical costs. The Manitoba Public Insurance block funding agreement contributed approximately $6.8 million (80.9%) to the total funds recovered.

Pharmaceutical Consulting

Summary of Activities

The Manitoba Drug Benefits Formulary is a listing of approximately 4,900 therapeutically effective drugs of proven high quality that have been approved as eligible benefits under the Pharmacare Program. A manufacturer's drug submission request is supported by internal and external scientific sources, clinical and pharmacoeconomic information, which is reviewed by The Manitoba Drug Standards & Therapeutics Committee (MDSTC).

The MDSTC, an independent Committee, is comprised of three physicians and three pharmacists. MDSTC members are provided by the College of Physicians and Surgeons, the Manitoba Medical Association, the Manitoba Pharmaceutical Association and the University of Manitoba.

In 2000/01, the MDSTC met six times to ensure that appropriate drug benefits were made available to Manitobans on a timely basis. During this period of time 175 drugs were added to the Pharmacare benefit list.

Medical Review Committee

The Medical Review Committee was established under the Health Services Insurance Act to review Manitoba physicians' patterns of practice and to function as a formal appeal mechanism for physicians when dealing with claims processing disputes. There are 7 members; 3 appointed by Manitoba Health, 3 appointed by the Manitoba Medical Association and 1 appointed by the College of Physicians and Surgeons.

During the 2000/01 fiscal year the Committee:

- Held 12 full day meetings.
- Reviewed 416 medical practitioners' patterns of practice and 19 physicians were requested to identify reasons for variance from their peers.
- Referred concerns regarding standards of care to the College of Physicians & Surgeons, and concerns of overpayments were referred to Manitoba Health.
- Held a meeting with the Coordinators of the Medical Education Programs from the University of Manitoba to discuss how training could ensure high quality, evidence based, cost effective care. The Committee participated in the "Introduction to Clerkship" Session for the Medical Program held at the University.

Patient Utilization Review Committee

The Patient Utilization Review Committee was established as a standing committee to identify patients who have received services beyond medical necessity and to recommend educational initiatives as appropriate. There are 4 committee members; 1 physician appointed by Manitoba Health, 1 physician appointed by the Manitoba Medical Association (MMA), 1 pharmacist appointed by the Manitoba Pharmaceutical Association and 1 citizen appointed by Manitoba Health and the MMA.

During the 2000/01 fiscal year the Committee:

- Held 7 meetings.
- Reviewed 100 registrants who received an inordinate number of medical services and 16 referrals from outside agencies. Under this process the Committee would normally recommend that patients enter into an undertaking to restrict themselves to one physician and/or pharmacy for all non-emergency health services.
- Referred concerns regarding possible over-servicing to the Medical Review Committee.
- Since the Committee was established, 124 registrants have signed an agreement with the Department of Health.

- Implemented a review process which identifies registrants early on for potential abuse, and provides a consistent reduction in utilization of services.
- Reviewed the total medical costs for the top 100 "high users" in 1990/91, with an initial review unveiling costs of $181,390. The groupings costs in 1999/00 was reduced to $114,165 or a 37% reduction in costs from the initial review. Office visits were reviewed as well, with the initial review recording a high of 247 visits and a low of 67. In 1999/00 these visits were reduced to a high of 137 and a low of 54. The highest number of physicians seen during the initial review was 71, while the highest number in 1999/00 was 43, a reduction of 39.4%.

2(a) Insured Benefits Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	6,780.7	173.50	6,739.5	41.2	
Other Expenditures	3,752.8		3,366.4	386.4	
- Grants/Transfer Payments					
Total Other Expenditures	3,752.8		3,366.4	386.4	

Financial Services

Financial Services is responsible for providing a fair and equitable distribution of available funds for Regional Health Authorities and other funded agencies, in accordance with government priorities, through the review, recommendation, and approval of RHA's Health Plan submissions and monitoring of financial, statistical and operational results.

In addition, the Branch ensures an equitable rate structure exists, in order to maintain a level of revenue that partially offsets the total cost of long term care for the RHAs, through the management of the assessment and appeal process for clients.

Regional Health Authority (RHA) Budgets

The Budgets section is responsible for the allocation and monitoring of the funding made available to Regional Health Authorities and facilities as required under legislation and in accordance with Manitoba Health policy, this includes services provided at a regional level that are still funded directly by the Department of Health.

The overall mandate of the Budgets section includes:

- Responsibility for a fair and equitable distribution of funding to Regional Health Authorities, proprietary personal care homes, CancerCare Manitoba and other funded agencies.
- Preparing, analyzing, and recommending funding, monitoring and verifying financial and operational performance of health care authorities and facilities.
- Effective planning and organization of financial reporting systems.
- Timely recommendations to senior management on annual budgets and other necessary yearly changes; accurate quarterly cash flows and required adjustments.
- Appropriate management of the annual budget and estimates process resulting in relevant health authority and facility budgets.
- Management of the review/appeal process of the Residential Charge Program for personal care, chronic care and mental health centres.

Agency Relations

The Agency Relations Section conducts annual reviews of funding requests from community health agencies. During 2000/01, the Section recommended and administered 44 grants and 3 purchase of service arrangements on behalf of programs supported by Manitoba Health. Consultation was strengthened to enhance the coordination and accountability of the funding process with an increased emphasis on the development of service contracts.

2(b) Financial Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,142.4	21.00	1,151.3	(8.9)	
Other Expenditures - Grants/Transfer Payments	210.1		159.5	50.6	1.
Total Other Expenditures	210.1		159.5	50.6	

Explanation Number:

1. *The over-expenditure is mainly due to the increased printing costs for the Residential Charges Program, and increased accommodation costs.*

Information Systems

The Information Systems Branch is responsible for providing strategic, tactical, and operational information systems and information technology (IT) leadership and solutions to support the objectives and priorities of Manitoba's health care system. The Branch also continues to provide consultative services on IS/IT initiatives involving the Department, other government agencies, Regional Health Authorities, health care facilities, health care associations, and other providers of health care services. The Branch's efforts will coordinate and align Federal, Provincial, Health sector, inter-sectoral and departmental projects.

A key leadership principle of the Branch is to emphasize and articulate the essential value that other Branches and Departments contribute to IT projects through their understanding and definition of business requirements. Such projects, sponsored by informed and involved program areas within Manitoba Health, are guided to successful completion through the expertise, consultation, project management, and work activities of Information Systems personnel.

The IS Branch's key role is to advise, plan, and deliver on "how" information technology may best be employed to improve health care program outcomes. A well understood relationship between the health care program area and the IS Branch leads to the best chances for success in implementing business solutions with appropriate and effective use of information technology.

Information Systems also continues to maintain, enhance and operate Health's mission critical systems including insured benefits registration and eligibility, medical and other insured services claims, Drug Program Information Network (DPIN), Manitoba Immunization Monitoring System (MIMS), the Mental Health Information System and others. Network and infrastructure design and deployment continues to be refined as technology changes and the Provincial Data Network (PDN) evolves.

Major accomplishments during 2000/01:

- The development of a technology Blueprint and framework for the development and deployment of IT infrastructure and clinical applications across the province.
- Continued development of a new strategic plan that would incorporate the Regional Health Authorities IT needs into a provincial plan.
- Successfully completed the deployment of the MDS-Homecare pilot project to 15 sites in Winnipeg.
- Completed work on the Blood Transfusion – Hepatitis C Project - Phase 1.
- Successfully implemented the Drug Programs Information Network – Revenue Canada Project.
- Developed a Project Management Methodology web-site that ultimately will be used as a reference site for project sponsors, project managers and project team members.
- Continued promotion and education of departmental staff in project management concepts and fundamentals.
- Education of Information Systems staff in all aspects of project management including Risk Management, Communications, Estimating Techniques, Team Management, Quality Management, Contracts, and Procurement.
- Completed the wind-down of the SmartHealth contract. SmartHealth was contracted as the general contractor for the development of the Health Information Network.
- Successfully implemented 3 satellite links to northern hospitals in Churchill, Leaf Rapids and Lynne Lake. These links provide Drug Information to the Emergency and Admitting areas of the hospitals.
- Continued to consult with key stakeholders in the provincial healthcare arena.
- Provided on-going support of 28 Manitoba Health information systems.

2(c) Information Systems

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	3,662.4	66.90	3,852.1	(189.7)	
Other Expenditures	5,684.4		5,731.7	(47.3)	
- Grants/Transfer Payments	33.8		33.8		
Total Other Expenditures	5,718.2		5,765.5	(47.3)	

Capital Planning

The Capital Planning Branch oversees development and implementation of the provincial health capital program, and advises Government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The Branch works closely with Regional Health Authorities in the development and refinement of project proposals, and oversees project management to the point of final tender. This ensures that projects are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.

The Branch co-ordinates Departmental prioritization of regional capital plans, to ensure optimal consistency between Health Capital Estimates and department strategic priorities, and conducts analysis to support policy and planning in the area of health infrastructure.

Capital Planning assisted the Department in working in close collaboration with Regional Health Authorities in the development of their capital programs in the context of regional health planning.

During 2000/01, 26 major construction projects were completed at a cost of $108.9 million including:

- **Acute Care**
  - Renovations to several support service programs, including patient reception, administration, diagnostic imaging, preoperative surgery and patient counselling at the Brandon General Hospital.
  - Renovation and expansion of space in pathology and nuclear medicine at the Brandon General Hospital.
  - Medical Clinic relocation in Deloraine.
  - Renovations to amalgamate Maternal/Child and Surgical Services, Fire Safety Upgrade at Flin Flon General Hospital.
  - Medical and community health services at the Reston Health Centre.
  - Community health centre adjacent to supportive housing unit in Rosenort.
  - New multi-purpose health centres in Shoal Lake and Carberry.
  - New health centre to include 6 multi-purpose beds, emergency care, diagnostic services, physician clinic and community health unit in Wawanesa.
  - Community health centre in Winnipegosis.
  - Upgrading obstetrical units and provide facilities for single room maternity care (LDRP's labour, delivery, recovery, postpartum) at Health Sciences Centre.
  - Cardiac Surgery Recovery - Step-Down Unit renovations at Health Sciences Centre.
  - Renovations to provide Oncology Day/Evening Hospital at Health Sciences Centre.
  - Pediatric Extended Care expansion renovation at the Children's Hospital.
  - Renovations to relocate Palliative Care at St. Boniface.
  - Upgrading obstetrical units and provide facilities for single room maternity care (LDRP's labour, delivery, recovery, postpartum) at St. Boniface.

- **Long Term Care**
  - Renovations and addition to the Northern Lights Manor in Flin Flon.
  - New personal care homes in Altona, Hartney, Souris and Oakbank.
  - New personal care homes in Winnipeg at Concordia Hospital, Lion's Club of Winnipeg Senior Citizens Home and Sharon Home.
  - 35 bed addition at the Deaf Centre Manitoba.

- **Provincial Programs**
  - Six new dialysis stations at the Selkirk General Hospital.

- **Safety and Security**
  - Oversaw completion of approximately 135 maintenance and safety and security projects throughout the province.

Construction has continued and new projects were initiated during the year on 16 major projects costing $154.6. These projects include:

- **Acute Care**
  - Renovation and expansion of the Beausejour Hospital.
  - Boundary Trails Health Centre - New 94 Bed Regional Hospital.
  - Site services relocation and south entry at the Brandon General Hospital.
  - Renovations for a community health centre in St. Laurent.
  - Emergency Department expansion at the Thompson Hospital.
  - Orthopaedic surgery expansion at the Salvation Army Grace General Hospital.
  - CSRP Decant Project - Redevelopment Phase I - Site Preparations at Health Sciences Centre.
  - Neurosurgery consolidation at the Health Sciences Centre.
  - Construction of a Child and Adolescent Eating Disorder Day Hospital at the PsychHealth of the Health Sciences Centre.

- **Long Term Care**
  - New personal care homes in Ste. Anne, Steinbach, The Pas and Winkler.

- Addition and renovations to the ABC wings to provide dining and activity space at the Tache Nursing Centre.

- **Provincial Programs**
  - Redevelopment of CancerCare Manitoba (formally called MCTRF).
  - New construction to provide 20 new dialysis stations to be fully equipped and space for 10 additional stations at the Seven Oaks General Hospital.

- **Safety and Security**
  - A number of maintenance and safety and security projects are in construction.

2(d) Capital Planning

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	608.9	13.00	774.6	(165.7)	1.
Other Expenditures - Grants/Transfer Payments	158.9		237.2	(78.3)	2.
Total Other Expenditures	158.9		237.2	(78.3)	

Explanation Number:

1. *The under-expenditure is primarily due to three positions that were vacant for most of the year.*
2. *The decrease in expenditure is due to reduced professional services required this fiscal year.*

Evaluation, Monitoring and Appeals

The Evaluation and Monitoring Unit of the Branch provides consultation, project management and education on evaluation, monitoring and accountability, in order to effect timely and valid information to support policy and program decision making.

Administrative Units within the Branch support the Manitoba Health Appeal Board, the Mental Health Review Board and the Appeal Panel for Home Care. The Boards and Panel report to the Minister of Health.

In February 2001, the Branch assumed responsibility for the administrative functions related to the appointment process for Health Boards, Commissions and Committees. In March 2001, the Business Planning Unit moved to the Branch.

Evaluation and Monitoring

Major accomplishments during 2000/01:

- Chaired the evaluation of the Supportive Housing initiative and the Psychosocial Rehabilitation Program for Mental Health.
- Participated in the evaluation projects of the Manitoba Cancer Care Network, Aricept Utilization Program, and the Centre de Sante service
- Consulted on evaluation projects related to the Diabetes and Chronic Diseases Unit.
- Developed a monitoring system for the Protection of Persons in Care Program.
- Undertook preparatory work for the evaluation of Mental Health Crises Services.
- Provided consultations regarding evaluation and monitoring to the Youth Smoking Cessation Program, Mental Health Renewal initiative, Rural Health Strategy, Performance Measurement, Alzheimer's Strategy, Women's Health Strategy, Interlake Regional Health Authority Pre-School Wellness project, Marquette Regional Health Authority Diabetes Program.

- Researched material on the topics of governance, management and accountability in the health system.
- Hosted a one-day workshop for health educators in Brandon on evaluation.
- Acted as a contact for a number of national surveys, research reviews and information requirements.
- Organized the administrative process for appointments to Health Boards.

Manitoba Health Appeal Board

The Board receives approximately 340 appeals per year related to *The Health Services Insurance Act*, *The Ambulance Services Act* and *The Mental Health Act*. It also serves in an advisory role to the Minister, by maintaining links between the Minister, the health care community and the community at large.

Mental Health Review Board

The Mental Health Review Board held 52 hearings related to *The Mental Health Act*. A total of 197 applications were processed with 145 being resolved through alternative means.

Appeal Panel for Home Care

The Appeal Panel for Home Care provided adjudication regarding 25 appeals and received over 200 inquiries, involving mediation to resolve issues, resulting in fewer appeals proceeding to a hearing.

In addition, the Panel:

During 2000/01, The Appeal Panel for Home Care:

- Provided consultation to the Minister of Health.
- Provided consultation to Home Care Health Programs Branch regarding Home Care policy; and to the Standards Development Branch on the draft *"Expected Outcomes, Standards and Guidelines for the Home Care Program"* and to the Regional Health Authorities regarding service delivery issues.
- Participated as an exhibitor at the Open House Law Day 2000 and in several educational and networking sessions as a member of Hospice Palliative Care Manitoba, Manitoba Association of Gerontology, and Canadian Home Care Association.

2(e) Evaluation, Monitoring and Appeals

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	419.3	9.73	519.8	(100.5)	1.
Other Expenditures	353.4		385.0	(31.6)	
- Grants/Transfer Payments	86.6		88.0	(1.4)	
Total Other Expenditures	440.0		473.0	(33.0)	

Explanation Number:

1. *The under-expenditure is due to two vacant positions and reduced overtime and severance allowance requirements.*

Health/Labour Relations

The Branch's primary function is to provide remuneration to health care practitioners on behalf of the Province in compliance with the Department's regulations, policies and agreements.
The activities undertaken within the Branch provide for the planning, development and implementation of strategic policies for physician resources, negotiations, arbitration and mediation, recruitment support, and health profession regulation.

Objectives

- To represent Manitoba Health in funding negotiations with professional organizations within the Regional Health Authority structure.
- To develop appropriate fee-for-service and alternate funding arrangements with individual health professionals and professional organizations.
- To administer fee-for-service and alternate funding agreements.
- To collect, analyze and evaluate data to provide policy, planning advice and recommendations.

Fee-for-Service

Objectives

- To negotiate and administer the fee-for-service agreements with Manitoba Medical Association (MMA), Manitoba Chiropractors' Association (MCA), Manitoba Association of Optometrists (MAO) and the Manitoba Dental Association (MDA) as well as maintain effective working relationships with these groups.
- To develop and negotiate fee improvements in the Manitoba Health Physician's Manual in order to achieve fair and equitable payments to the province's physicians.
- To conduct economic/statistical analyses and modeling including forecasting of fee-for-service expenditures, monitoring emerging trends in fee-for-service payments, calculating cost impacts with respect to recommended changes and developing positions for discussion with the professional associations.

Summary of Activities

- Reached agreement with the Manitoba Medical Association on new tariffs and benefit rates for medical services provided by physicians in Manitoba.
- Implemented fee increases to the Optometry Program.
- Staff participated on the Fee Schedule Committee, the Assessment Benefit and Policy Committee, the Standing Committee on Diagnostic Services and the Expert Group on Physician Databases, which reports to the Canadian Institute for Health Information.
- Monitored all new tariffs and fee increases that were implemented for the 2000/01 fiscal year.

Alternate Funding

The Alternate Funding Unit develops and administers appropriate alternate funding arrangements with individual physicians and certain specialties.

Alternate Funding consists of five main types of funding arrangements: salary, sessional payments, block funding arrangements, independent contractor arrangements, and blended arrangements.

- Salary arrangements are used where the physicians(s) are employed by agencies such as hospitals and clinics.
- Sessional rates relate to services paid on the basis of time.
- Block funding arrangements are used in instances where a multiple of services and funding arrangements existed. The block funding arrangement consolidated both funding and services under a comprehensive contract, for example, physicians based in a teaching hospital that provide clinical, administrative and teaching functions.
- Independent contractor arrangements are becoming more common and allow Health authorities and facilities to purchase the delivery of medical services.

- Blended payments combine two or more existing funding arrangements such as salary and fee-for-service.

Summary of Activities

- Negotiated several new contract arrangements.
- Several alternate funding arrangements were subject to the arbitration process.
- Monitored, reviewed, evaluated and administered alternate funding arrangements.
- Reviewed policies to ensure funding arrangements are consistent with departmental objectives including recruitment and retention of physicians.
- Continued improvement to a comprehensive database on all contracts.
- Supported the continued development of compensation policies for the Department's priority areas.

Labour Market Support Services

Objectives

- To support the corporate policy, standards and decision-making process by reviewing, assessing, and advising on health labour market issues.
- To provide leadership in the identification and resolution of labour market issues.

Summary of Activities

- Prepared, evaluated and recommended mandate approvals for both contract negotiations and funding submissions to Compensation Committee of Treasury Board for non-physician units of health employees.
- Gathered data and provided a clearinghouse resource centre for information on trends related to wage and benefit settlements, supply and demand issues of professional health care occupations in support of corporate decision making.
- Conducted research and analysis on special projects related to human resource planning initiatives, which require additional funding for addressing recruitment and retention of specific occupations.
- Provided leadership on sensitive matters related to labour negotiations, mediation or other conflict resolution methods, as directed by Assistant Deputy Ministers.
- Improved management processes by enhancing flexibility and responsiveness to requests and improving communication throughout and external to the Department. This included improving customer focus and responsiveness by defining and clarifying roles both internally and externally.
- Provided labour market reports outlining issues and policy strategies on several key health groups in support of the corporate decision making process.

Workforce Policy and Planning

Objectives

Working within the Health Reform Framework, the Workforce Policy and Planning Branch:

- Monitors the supply and demand for physicians, nurses and allied healthcare professionals in Manitoba.
- Develops policy and strategies to support the availability of appropriate healthcare professionals and workers to support the delivery of healthcare in Manitoba.

Summary of Activities

Physicians

In 2000/01, the Department announced funding for the Rural Physician Retention Program which included actions to increase recruitment of rural students into medicine, increased training undergraduate and post graduate exposure to rural practice, increased training opportunities for rural physicians to develop new skills and establishment of an Office of Rural and Northern Health and a Director of Rural Medicine to coordinate activities.

The new program will incorporate aspects of the old Rural Student initiatives including summer training opportunities in rural medicine for first and second year medical students, the Locum Tenens Physician Relief Program, financial support to assist undergraduate medical students and Family Medicine residents in their rural practice experience with accommodation and travel costs.

As well, the Department supported an increase in enrollment to the Faculty of Medicine. In September, 2001, 15 additional students will enter first year medicine. In addition, 56 new post graduate training positions were added including 3 positions dedicated to practicing physicians wishing to re-train as specialists.

A committee chaired by the Deputy Minister of Health was established to develop a licensure pathway for foreign trained physicians working in Manitoba. Implementation of a licensure preparatory and challenge program will start in 2001. In addition, the Department worked with the Faculty of Medicine, Continuing Education Division to develop licensure preparatory programs for physicians currently working in Manitoba on conditional licenses. This initiative will assist recruited physicians, to obtain full licensure with the College of Physicians and Surgeons of Manitoba.

The Department re-developed the physician recruitment Website on the Manitoba Health Home Page to make it more accessible and it continues to attract many inquires per month.
The Winnipeg Regional Health Authority Specialist Recruitment and Retention Committee has maintained and supported recruitment of over 50 specialists to Manitoba.

Nurses

Through the Provincial Nursing Resources Taskforce, the Department coordinated the data and reports on nursing supply and vacancies. This data collection and report is being refined every year.

In February, 2000, the Department began the implementation of the Minister's 5 point Nursing Strategy. The 24 month diploma nursing program accepted 90 students into the new program at Red River College in September 2000. As well, enrollment in first year at the University of Manitoba and Brandon increased as a result of a promotional campaign funded by the Manitoba Nursing Education Strategy and a second degree option was introduced at the Fort Garry campus. This brought the total enrollment of students in Registered Nurse programs to 1,257. The expanded capacity in the Licensed Practical Nursing program was maintained with more programs being offered through the rural rotation site program.

A committee chaired by Ann Wright was established in May, 2000 to examine the Quality of Working Life. The three nurse committee visited all regions of Manitoba to solicit information from nurses on how to improve the work environment. The final report outlining the issues and recommendations will be submitted to the Minister in April 2001.

The Nurses Recruitment and Retention Fund, created in 1999 to address the nursing shortage, has assisted over 300 nurses to relocate to Manitoba, 50 nurses to complete specialty training course in Intensive Care and Perioperative nursing and 180 nurses to enroll in refresher programs to re-enter the nursing workforce. As well, funding was provided to develop a new refresher program to assist under employed registered nurses currently living in Manitoba, in obtaining a nursing license. A new $3 million Continuing Education fund was created to assist all nurses maintain and develop new skills.

Funding was also maintained for return of service loans for students in the BN program at the University of Manitoba, to take courses over the summer and graduate earlier.

In partnership with Manitoba Labour and Immigration, Citizenship Division, 35 LPNs were recruited from offshore to work in personal care homes in Winnipeg and Selkirk. A committee of employers was established to recruit 65 RNs under the same initiative.

Amendments to the 3 nursing Acts were passed and the Department continued to work with the professional associations on their proclamation.

Allied Health Providers

The Department, in partnership with Manitoba Education and Training, continued work on the development of a training program for allied health professionals (laboratory and radiology technologists as well as radiation therapists and cytotechnologists). Starting in September, 2002, 25 students will be accepted into a new laboratory training program. As well a program to train Xray assistants to work in small rural facilities was implemented to address the need for Xray services in small hospitals. Six radiation therapists were recruited from offshore to address a provincial shortage.

Discussions are ongoing with employers, educators and COPSE to determine the supply of physio and occupational therapists.

Other

There is a shortage of bilingual healthcare providers in Manitoba. The Department co-funded the Regional Health Authority of Manitoba Inc. to develop and implement a bilingual healthcare provider strategy.

Continuous Improvement

- Improved rural physician retention through the implementation of the Rural Physician Retention Strategy.
- Introduced physician retention initiatives to address current manpower needs.
- Developed a comprehensive physician retention strategy.
- Introduced a licensure support program for foreign trained physicians.
- Introduced a Nursing Advisory Committee to address recruitment, retention and utilization of nurses in Manitoba.
- Redesigned the Manitoba Nursing Education Strategy.
- Continued refinement of nursing resources database including the capacity to respond to the demand for allied health providers during the next three years.
- Developed evaluation frameworks to monitor the recruitment and retention strategies funded by the Department.

2(f) Health Labour Relations

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,145.8	18.00	1,043.0	102.8	
Other Expenditures	522.5		405.3	117.2	1.
- Grants/Transfer Payments	548.6		692.3	(143.7)	2.
Total Other Expenditures	1,071.1		1,097.6	(26.5)	

Explanation Number:

1. *The over-expenditure is mainly due to increased Professional fees and severance requirements, accommodation costs and administrative costs associated with the arbitration process with the Manitoba Medical Association.*
2. *The under-expenditure resulted from the contract with the College of Physicians & Surgeons for the Clinical Practices Guidelines coming into effect later than planned (ie November 1, 2000 vs. April 1, 2000).*

Grants for Evaluation and Research

This main appropriation provides funding to the Manitoba Health Research Council for annual grants and award competitions and to the Manitoba Centre on Health Policy and Evaluation for evaluation and policy initiatives.

2(g) Grants for Evaluation and Research

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries					
Other Expenditures					
- Grants/Transfer Payments					
Manitoba Centre for Health Policy and Evaluation	1,850.0		1,850.0		
Manitoba Health Research Council	1,752.6		1,752.6		
Total Other Expenditures	3,602.6		3,602.6		

External Programs and Operations

The External Programs and Operations Division has the responsibility to provide overall leadership, provincial policy direction, and provincial program identification for the health services system, and to provide coordination and support to the Regional Health Authorities. The Division approaches this mandate within a population health framework and by using an integrated and coordinated policy, program and fiscal envelope approach to the planning of the provincial health service system.

The External Programs and Operations Division underwent re-organizational changes to more effectively coordinate dealings with the Regional Health Authorities, which led to the establishment of the Regional Affairs Division in July, 2000. The Regional Affairs Division was structured to include Regional Support Services, Financial Services, Capital Planning, Community Health Assessment, Primary Care, Home Care, Long Term Care, Emergency Medical Services and Disaster Planning.

The remaining Branches of Chief Provincial Psychiatrist, Selkirk Mental Health Centre, Public Health, Cadham Provincial Laboratory, Health Programs, and Standards Development remain in the External Programs and Operations Division.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	362.6	4.00	310.9	51.7	1.
Other Expenditures - Grants/Transfer Payments	169.9		194.1	(24.2)	
Total Other Expenditures	169.9		194.1	(24.2)	

Explanation Number:

1. *The over-expenditure is mainly due to a severance payment not budgeted.*

Regional Support Services

The mission of the Regional Support Services Branch is to support the Minister of Health, Regional Health Authorities and CancerCare Manitoba (CCMB) in the planning and implementation of efficient, effective, and evidence based health services to improve the health status of Manitobans.

Regional Support Services works in partnership with Manitoba's 12 RHAs and CCMB to support the RHAs in the delivery of a comprehensive range of primary care, secondary care, tertiary care and community health programs and services.

Urban and Rural Health Care

- Provides support in governance, board development, legislation/regulations, core services, regional health planning, regionalization policy interpretation, communications, and community health assessment.
- Prepares policy options, submissions, briefings, and fact sheets on matters related to regionalization policy, RHA health plans, specific program/service initiatives, and operational issues within the regions.
- Coordinates the processes for review and approval of regional health plans, including the assessment and development of funding submissions for new or expanded program/service initiatives delivered by the RHAs.

- Provides leadership in conjunction with other Branches, to the development and shift in fostering of a greater population health approach for an integrated health services delivery system, managed by RHAs and based on evidence-based decision making.
- Provides expertise and support in the development of province-wide programs and service initiatives.
- Coordinates and facilitates communications between government, RHAs and Manitoba Health.
- Monitors the status of acute care waiting lists, emergency department and bed utilization and works in partnership with RHAs/other Branches of Manitoba Health to resolve issues.
- Responds to public information inquiries or case related issues from citizens, other provinces, and non-government organizations related to the system of regional governance of health programs and services through RHAs.
- Participates with other Branches to monitor standards of care, identify the occurrence of critical incidents, and strengthen the accountability of RHAs.
- Provides expertise to Department, inter-department, provincial, and federal committees or projects on matters related to regional governance or policy, community health assessment, and health services delivery models.
- Identifies service gaps, trends, and critical analysis related to acute care services and the integration of the continuum of health services in conjunction with the RHAs.
- Provides and interprets regional and provincial summaries of population health data.

Community Health Assessment

In addition to participating in the responsibilities listed above, the Community Health Assessment Unit also:

- Provides resource materials, provincial data, analysis and interpretation of information and data and other supports to the ongoing RHA and CCMB community health assessment process.
- Provides and interprets regional and provincial summaries of population health data.

Major accomplishments during 2000/01:

Regional Support Services supported the 12 RHAs and CancerCare Manitoba in the development, funding, ongoing support and implementation of initiatives such as:

- Leading the Department's health plan review process including the coordination of summary results.
- Collaborating with RHAs, CCMB and Financial Services Branch in review and recommendation on financial budget shortfalls for the fiscal year 2000/01.
- Providing orientation to new RHA Board members in collaboration with RHAs.
- Responding to inquiries from the public and external agencies and organizations.
- Providing continuing education to RHA District Health Advisory Council members.
- Increased ultrasound after hour coverage and increased number of ultrasound testing performed by the Winnipeg RHA by 4,500 tests annually.
- Upgrade and re-development of the Labor, Delivery, Recovery, and Postpartum Units at the Woman's Hospital and St. Boniface General Hospitals of the Winnipeg RHA.
- Baby Friendly Initiative.
- Phase I of the Winnipeg RHA Comprehensive Breast Health Program (CBHP), and continued support towards implementation of Phase II of the CBHP, including the Regional Integrated Radiology Information System (RIS).
- Revision of the Manitoba Prenatal Record Form by the Perinatal and Maternal Welfare Committee of the College of Physicians and Surgeons.
- Establishment of the Community Cancer Programs in Marquette RHA, and communities of Neepawa, Hamiota and Russell.
- Further expansion of CancerCare Manitoba's Oncology Day/Evening Hospital currently located at Health Sciences Centre.

- Implementation of the Manitoba Cancer Care Network, an OpTx software application at all 14 rural cancer treatment sites across Manitoba, 4 WRHA community hospital sites and 2 cancer care sites.
- A 20 bed temporary hospital in Swan River and a 12-bed temporary Rehabilitation Unit juxtaposed to the existing Benito Personal Care Home.
- The new Boundary Trails Health Centre to replace Morden and Bethel Hospitals in Central RHA.
- Enhanced staffing in all WRHA Emergency Departments during peak flu season and an Emergency Room Clinical Resource Nurse at the Victoria General Hospital.
- Ambulatory Pump Program for the administration of chemotherapy to oncology patients.
- Implementation of a comprehensive, coordinated and city wide Palliative Care Program that will include acute care, home care and response team services in Winnipeg.
- The new Community Nurse Resource Centre in the Pas and Flin Flon, Nor-Man RHA.
- Upgrade and renovation to Flin Flon's Northern Lights 30 bed Manor/Hostel into a new 36-bed state-of-the-art personal care home.
- Development of a new state-of-the-art Emergency Department in Thompson General Hospital, Burntwood RHA.
- A new 20 bed personal care home in Hartney, South Westman RHA.
- Adding new personal care home beds at Souris Personal Care Home, South Westman RHA. (June/00).
- Addition of 6 new acute care beds, a new medical clinic, new community services offices and new lab and x-ray facilities at Wawanesa Health Centre.(Apr/00).
- Construction of new ambulance garages in the communities of Wawanesa and Hartney, South Westman RHA.

3(b) Regional Support Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,617.3	34.79	1,943.4	(326.1)	1.
Other Expenditures - Grants/Transfer Payments	646.3		659.3	(13.0)	
Total Other Expenditures	646.3		659.3	(13.0)	

Explanation Number:

1. The under-expenditure is due to vacant positions.

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for administering *The Mental Health Act*, issuing Orders of Committeeship, providing professional consultation to various sectors of the mental health system, coordinating the Career Program in Psychiatry, and promoting the recruitment and retention of psychiatrists for under-serviced areas in Manitoba, in order to protect and promote the improved mental health status of Manitobans.

The Chief Provincial Psychiatrist maintains a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba, ensuring an important linkage between the academic community and the External Programs and Operations Division.

During 2000/01, 336 new Orders of Committeeship were issued and 36 previous Orders were cancelled. The requirement of the new *Mental Health Act* to provide a notice of intent to issue an Order of Committeeship and the right of the person and the person's proxy and nearest relative to submit written objections has been well-received, but has substantially increased the workload of the Office of the Chief Provincial Psychiatrist.

Implementation of the new *Mental Health Act* legislation and regulations has proceeded successfully and, orientation sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies continue on an ongoing basis.

3(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	187.0	2.00	178.5	8.5	
Other Expenditures	71.5		47.8	23.7	1.
- Grants/Transfer Payments					
Total Other Expenditures	71.5		47.8	23.7	

Explanation Number:

1. The over-expenditure is due to the printing and distribution of The Manitoba Mental Health Act.

Selkirk Mental Health Centre

The Selkirk Mental Health Centre is a caring, hopeful, empowering facility that assures recovery for patients. Selkirk Mental Health Centre has the mandate of providing long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met by other services. The Centre continues to provide short term and acute inpatient mental health services to Manitoba residents of the Interlake, North Eastman, South Eastman, Burntwood, Norman and Churchill Regions. The Centre has a formal agreement with the government of Nunavut, to provide inpatient services to residents of Nunavut experiencing mental illness.

Patient services are available at Selkirk Mental Health Centre in three specialized treatment programs as follows:

The Short Term Treatment and Rehabilitation Program

- Offers short term treatment and care for patients requiring assessment and inpatient services.
- Offers care and treatment for those patients who exhibit behaviours which require a closed area and intensive intervention.
- Offers a Rehabilitation Program for those patients who require hospitalization for more than one year and who are deemed treatment resistant.

The Extended Treatment and Rehabilitation Program

- Provides Recovery and Treatment Services to people with severe and persistent mental illness who require assistance in all aspects of their care, and for those long term patients who require supervision with activities of daily living and who may require a closed area.

The Community Preparation and Forensic Rehabilitation Program

- Provides Recovery and Rehabilitation Services to people with severe and persistent mental illness admitted to Selkirk Mental Health Centre, or transferred from other Centre Programs, who require rehabilitation for approximately one year to work on specific life skills development prior to discharge, and for long term patients who have been found by the Justice System to be unfit to stand trial and who are deemed not criminally responsible due to a mental illness.

- This program continues to operate two community residences, one which is fully staffed and is licensed by the Office of Residential Care. These community residences assist patients prepare for their future in alternative community settings to acquire the essential skills, which will allow them to return to the community living situation that will best meet their needs. The service also offers residential living and life skills programming for patients and day patients from the Centre.

Treatment services in all programs are provided by multi-discipline treatment teams, consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, psychiatric nurses, recreational therapists, pharmacists, the Chaplain, the Aboriginal Elder and Aboriginal Friendship Workers.

- The Centre through the Continuous Improvement Program established Outcome Indicators to assist in measuring treatment and services for patients.
- Incorporated client suggestions into the Branch's Business Plan for improvement from the annual Program Evaluation Survey.
- Reviewed patients' suggested improvements on treatment/services from Patients' Assemblies and Consumer Advisory Committee.

Major accomplishments during 2000/01:

- Established Outcome Indicators to assist in the treatment and services for patients.
- Incorporated client suggestions for improvement, from the annual Program Evaluation Survey, into the Branch's Business Plan.
- Reviewed patients suggested improvements in treatment/services from Patients' Assemblies and Consumer Advisory Committee.
- Facilitated training in Psychosocial Rehabilitation.
- Developed the preservation of the history of Selkirk Mental Health Centre, associated artifacts and written information.
- Audit by Internal Audit and Consulting Services of a Three Week Repeating Schedule, for staff who work shifts in programs.
- Completed an international project pilot test on the Resident Assessment Inventory - Mental Health.
- Established an Advisory Steering Committee with representation from service providers, self-help groups, families, patients, and Manitoba Health to make recommendations to the Minister on the future role of the Selkirk Mental Health Centre and the physical environment required to fulfil that role.
- Developed a process to cross validate the Brief Psychiatric Rating Scale (E) and the Resident Assessment Inventory - Mental Health.
- Developed a Succession planning process.
- Conducted workshops on Cultural Diversity.
- Reorganized the Psychiatric Nursing Assistant Program into a modularized self-study model.
- Developed Aboriginal Services, including Friendly Visitors, Aboriginal Foods and Aboriginal Cultural activities.
- Completed a number of Minor Capital improvements.

3(d) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	18,946.9	414.10	18,554.0	392.9	
Other Expenditures - Grants/Transfer Payments	3,369.0		3,391.8	(22.8)	
Total Other Expenditures	3,369.0		3,391.8	(22.8)	

Emergency Health and Ambulance Services

Educational Services Program

Training programs for Manitoba emergency medical response personnel have been developed to different levels of patient care. These programs are delivered by a variety of methods, which are mandated by the Standards and Licensing Section of Emergency Services. The Emergency Medical Responder program is a 90-hour skill oriented training program, which is delivered by certified instructors at the local ambulance service level. Maintenance of the EMS system instructor network is provided by the Manitoba Emergency Services College on behalf of the Office of the Fire Commissioner through a contract with Manitoba Health. Public access Emergency Medical Responder programs are available through Red River College, Herzing Career College and the Emergency Services College in Brandon.

The Emergency Medical Technician 1 (EMT 1) program is delivered in several program formats through regional training centers as well as on campus at the Manitoba Emergency Services College. The Manitoba Emergency Services College under contract with Manitoba Health provides program delivery. The City of Winnipeg provides EMT Level I, II and III training to their ambulance personnel, which is recognized by Manitoba Health. The Manitoba EMT I program and all levels delivered by The City of Winnipeg Ambulance Department are fully accredited by the Canadian Medical Association. A Manitoba Health Emergency Services licensing exam team has been formed to evaluate graduates from all programs at either the EMR or EMT 1 level prior to issuance of a license to practice emergency medical response in Manitoba.

Numerous advanced medical training modules have been developed and must be accessed through an EMS Medical Director.

Emergency Aeromedical Services - Lifeflight Air Ambulance - provides the primary means of air transport for all seriously ill or injured Manitobans, from areas outside the 80-mile radius of Winnipeg in rural and northern Manitoba to urban referral centres in Winnipeg. The dedicated air ambulance aircraft is a Cessna Citation SII jet which is specifically equipped for emergency patient care.

The program serves a population of approximately 1.144 million and an area of 649,950 square kilometres and provides 89 ambulance service locations.

The 155 ambulance vehicles in the province responded to 88,238 calls during 2000/01, an increase of 5% from 1999/00. More than 1,525 emergency medical response technicians work with ambulance emergency services.
EMS in Manitoba took a major step forward in assisting with improved use of Child Safety Restraint education. A total of 15 new instructors have been trained in cooperation with MPI to provide instruction in the proper use of child safety restraints.

The Emergency Medical Technician Standards of Practice Guideline has been approved by the Manitoba Emergency Services Medical Advisory Committee and will form the basis for EMS personnel education and performance expectation.
A level 2 EMT training program was accessed on a cooperative basis with the City of Winnipeg and rural EMS services. Five Students graduated the program and have moved on to expanded roles within EMS. EMS related education has taken a significant step forward with the development of new Academic Competency Profiles that have been established across Canada. Manitoba is moving towards the accreditation requirements that will see an enhanced emergency health care curriculum for EMS professional across Canada.

During 2000/01, Lifeflight transported 502 seriously ill patients in-province and 95 patients to out-of-province hospitals an increase of 3% and 15.9% respectively from 1999/00.

Lifeflight is staffed by dedicated and well trained personnel who have received training in aeromedicine, altitude physiology, advanced cardiac life support, trauma nursing and aviation ground school. The Lifeflight nursing personnel have developed an internal education framework for the further advancement of the high level of service delivery within the program. This education includes clinical partnerships with various medical specialties to further enhance clinical capabilities of staff.

Disaster Management

The primary mission of the Disaster Management Branch is to make sure the health care system is capable of providing a co-ordinated and effective response to the health needs of Manitobans during a disaster. The Branch provides a comprehensive emergency preparedness program in support of this mission. In the event of an emergency or disaster, it is responsible to co-ordinate the Manitoba Health and Regional Health Authorities responses along with federal and provincial departments, agencies and organizations.

During 2000/01, Disaster Management met its mandate through:

Emergency Response

- Completed the development of Manitoba Health Emergency Response Plan Appendix "e" – Guideline for the Emergency Health Response to Floods.
- Completed a Health Responsibility Guidelines Related to Emergency Social Services Program(s).
- Supported Manitoba Health and RHA planning activities and initiatives to develop interim contingency plans for a Pandemic Influenza event.
- Participated with Manitoba Health in the development of a West Nile Virus response plan.
- Completed a review of all Branch disaster response plans.

Operational Response

- Maintained a 24-hour, 7-day a week emergency monitoring and response activation capability.
- Supported Burntwood Regional Health Authority in planning and responding to the highway closure and isolation of Lynn Lake and Leaf Rapids.
- Assisted with the coordination of evacuation of individuals from the Island Lake area to The Pas and Winnipeg due to forest fire smoke conditions.
- Undertook comprehensive planning and preparations for the potential threat of major Spring, 2001 flooding on the Red River.
- Supported the planning and response to a Meningitis outbreak and subsequent immunization program.

Strategic Planning

- Completed development of a consultative document on Expectations and Measures for the Regional Health Authority Disaster Management Program.
- Completed development of a "Disaster Management Model for the Health Sector – Guideline for Program Development."

Management of Federal Emergency Health Stockpile

Disaster Management is responsible to oversee the program in Manitoba, which includes the management of a stockpile of federal emergency health supplies, valued at approximately $4.5 million. These supplies range in size and contents from first aid supplies to compete 200-bed emergency hospitals. The components are pre-packaged and pre-positioned at locations across the province. Disaster Management continues to develop a provincial strategy for the deployment and management of the stockpile with Health Canada and the respective Regional Health Authorities.

3(e) Emergency Health and Ambulance Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	952.6	18.00	998.9	(46.3)	
Other Expenditures	4,473.5		4,152.9	320.6	
- Grants/Transfer Payments	17.6		51.9	(34.3)	1.
Total Other Expenditures	4,491.1		4,204.8	286.3	

Explanation Number:

1. *In 2000/01 the Paramedic Association of Canada was re-structuring. During this time no services were offered that were required by Manitoba Health, thereby reducing the amount of grants paid out.*

Public Health and Epidemiology

A Public Health approach to improved health status reflects the use of organized efforts of society to control and prevent disease and promote health, especially when the health of the population is at risk.

The Public Health Branch is responsible for public health policy and strategy, the surveillance of reportable diseases, as well as the administration of specific provincial public health programs. These program areas are Communicable Disease Control, Diabetes and Chronic Diseases, Epidemiology, Environmental Health and the Cadham Provincial Laboratory. The Branch aims to provide a comprehensive approach to public health, through integration of these program areas.

The Branch has consultation and regulatory responsibilities relevant to the administration of *The Public Health Act* and other public health issues and facilitates and participates in public health research. The Branch works closely with and provides support for the Office of the Chief Medical Officer of Health, regional Medical Officers of Health, and other regional public health practitioners, such as public health nurses and health inspectors.

Provincial Epidemiologist

The Provincial Epidemiologist provides primary medical leadership and coordination of an active program of epidemiological research and analysis directed at assessing and analyzing health status and trends, health determinants, and the effects of population-health based health activities for Manitoba Health. Further, the Provincial Epidemiologist provides leadership to health policy, programs and service delivery in areas which require epidemiological support – e.g. applied epidemiological research, methodological and technical expertise, surveillance, public health control programs for communicable and non-communicable diseases.

Epidemiology

The mission of the Epidemiology Unit is to provide a scientific basis for the prevention and control of disease and the promotion of the health of Manitobans through the application of epidemiologic research and methods.

The Epidemiology Unit provides the following:

- Applied epidemiologic research - health indicators, health determinants, etiologic research, prevention research, outcomes research.
- Development of epidemiologic information systems, tools and methodologies for population health assessment and reporting.

- Facilitation in the use of epidemiology in policy development, program planning, and public health practice.
- Epidemiologic consultation to public health initiatives; e.g. Surveillance, immunization programs and outbreak investigations.
- Education and training in epidemiology and statistical analysis - applied and academic training.
- Strengthening Manitoba Health's capacity in epidemiologic research by creating productive collaborations between Manitoba Health, Regional Health Authorities, other Government Departments, the University of Manitoba and other institutions and organizations, both national and international.
- Undertakes projects of priority to Manitobans in collaboration with external researchers.
- Provides organizing focus for projects and technological infrastructure.

Specific collaborative project teams which have been established are Chronic Illness (Diabetes and Cancer), Perinatal Health, Communicable Disease Control, and Injury Prevention. An example of the output from one of these teams is the Manitoba Perinatal Health Surveillance Report, 1989 - 1998, released in March, 2001.

As noted previously, the Epidemiology Unit was consolidated into the Health Information Management Branch in February, 2001.

Diabetes and Chronic Diseases

The Diabetes and Chronic Diseases Unit's primary responsibility is to coordinate the response to the major epidemic of Type 2 diabetes in Manitoba, in addition to establishing the provincial direction for the development of primary prevention strategies for chronic diseases in Manitoba.

The Unit continues to facilitate and coordinate the activities of the Minister's Advisory Committee on Diabetes, regarding their advice on implementation of recommendations resulting from *Diabetes: A Manitoba Strategy* in support of Diabetes prevention, education, care, research and support.

In partnership with the Regional Health Authorities, the Unit has begun the process of developing, implementing, monitoring and evaluating a province wide Regional Diabetes Program. The Regional Diabetes Program is an enhancement of the existing community based DER Program and will integrate education into the continuum of diabetes prevention, care, research and support. This initiative is being developed as a public health response to more than half of the recommendations in Diabetes: A Manitoba Strategy.

Major accomplishments during 2000/01:

- Established and maintained partnerships with the RHAs, Health Canada, Canadian Diabetes Association, Manitoba First Nations Diabetes Committee, the private sector, professional associations and other government and non-government organizations.
- Developed a provincial diabetes surveillance and research system in conjunction with the Epidemiology Unit and the National Diabetes Surveillance System.
- Provided provincial representation and diabetes expertise to regional, provincial and national committees.
- Implemented a 3-year Regional Diabetes Program demonstration project within the Burntwood Regional Health Authority.
- Developed and distributed Diabetes Care Recommendations for use by primary care physicians and health professionals in Manitoba.
- Coordinated an annual Diabetes Education Network Workshop for health professionals and providers within Manitoba and NW Ontario.
- Facilitated and coordinated a diabetes eye symposium.

Communicable Diseases

The objectives and activities of the Communicable Diseases Control (CDC) Unit are guided by its Mission Statement; to promote, support and facilitate the prevention and control of communicable diseases. These diseases are both vaccine and non-vaccine preventable diseases, including HIV/AIDS and sexually transmitted diseases.

A primary responsibility of the CDC Unit is to develop provincial policy, standards and strategies for communicable disease control. The Unit is responsible for surveillance of communicable diseases, identifies and responds to epidemiologic trends and works closely with regional health jurisdictions to facilitate a prompt and coordinated response to outbreaks, new diseases and the routine investigation of diseases designated as reportable by *The Public Health Act*.

The CDC Unit monitors the immunization rates of children via the Manitoba Immunization Monitoring System (MIMS), providing statistical information which is important to program planning and delivery.

Projects introduced in 2000/01:

- Pneumococcal immunization for persons with chronic medical conditions.
- Amended the Regulations under the *Public Health Act* (M.R. 338/88R) for notifiable diseases.
- Provided Hepatitis A and B vaccines to persons with hepatitis C.
- Enhanced influenza immunization program.
- Hepatitis B immunization program for inmates of provincial correctional institutions.
- Emergency meningococcal immunization program to deal with a meningococcal outbreak in Winnipeg.
- Expanded the Manitoba Immunization Monitoring System (MIMS) to include adults.
- Recruited a MIMS programmer/analyst.
- Immunization conference for health care workers.
- Implemented and evaluated the revised Post-Exposure Protocol to blood and body fluid exposures.
- Continuing education to improve sexually transmitted diseases control (STD).
- Facilitated seminars to improve STD control/STD Symposium/Provincial STD Strategy.
- Implemented process to develop a provincial STD strategy.
- Resumed regular Communicable Disease Control surveillance reports.
- Implemented the first phase of the integrated and coordinated model for HIV/AIDS services.
- Reviewed the Manitoba HIV testing policy.
- Participated in an inter-change with Health Canada to continue the implementation of the Manitoba AIDS Strategy.
- Released guidelines for prevention and control of Infection in Endoscopy.
- Released guidelines to control VRE and MRSA.
- Revisions made to CDC Protocol Manual.
- Surveillance of Blastomycosis.

Reviews/Reports Completed in 2000/01:

- Discussion paper for Provincial STD Control Strategy.
- Policy on HIV Point of Care Testing.
- Revised Post-Exposure Protocol.
- Policy on Tuberculosis screening of health care workers.
- Tuberculosis Control Report (Internal Audit and Consulting Services).
- Manitoba Tuberculosis Program Review (in collaboration with Medical Services Branch and the Sanatorium Board).
- Revised the HIV prenatal testing policy.
- Influenza in Manitoba Report- 1999/2000.

Research in Progress in 2000/01:

- Hepatitis B and C enhanced Surveillance Project.
- Enhanced surveillance of STD's in street involved youth in Winnipeg
- Tick Surveillance in Manitoba
- STD Risk behaviour in Street Youth
- Risk of sequelae among women in Manitoba of gonorrhea and chlamydial infection

Environmental Health

The Environmental Health Unit responds to biological, chemical or social health threats to the public. The Unit manages several programs including Environmental Health, Food Protection, Tobacco Control and Dental/Oral Health. The Unit has also been extensively involved in the development of legislation and is responsible for providing centralized support services to the Regional Health Authority staff in the areas of environmental health, toxicology risk assessment, microbiology and epidemiology.

Provincial Environmental Health strategies and standards are being developed for drinking and recreational water safety, air quality and soil contamination. Responses to known, emerging and potential environmental health threats which pose a health risk to Manitobans as well as management of immediate threats, e.g. carbon monoxide poisoning in arenas and protozoan parasites in municipal drinking water supplies, are coordinated by the Environmental Medical Officer of Health.

Priority health risk assessment areas include: drinking water quality, recreational water use, ambient air quality, indoor air quality, agricultural operations including ground and aerial pesticide use, soil contamination and creating or amending legislation.

Food Protection

Food Protection Programs provide the public with a safe food supply by reducing the risk of foodborne illness due to chemical, microbiological, or other forms of contamination. Program goals are achieved through research, education, monitoring investigation, and regulation. Current initiatives are directed to creating greater harmonization and uniformity in food quality standards.

The Meat Inspection Program is designed to provide a safe and healthy meat supply to Manitobans through pre and post mortem examination of animals and inspection of physical facilities. During 2000/01, 28 slaughterhouses were operating under the Federal/Provincial Meat Inspection Agreement.

Manitoba Health co-ordinates food handler training with Assiniboine and Keewatin Community Colleges and public health inspectors with Manitoba Conservation.

Manitoba Health has been participating with other federal/provincial/territorial agencies to develop uniform and harmonized food standards and food inspection in Canada.

The Unit is also developing memorandum of understandings for food inspection programs with the departments of Conservation and Agriculture and Food and The City of Winnipeg and the Canadian Food Inspection Agency.

Public Health Act

The Unit continues to lead the review of the *Public Health Act*. A policy draft of the new legislation has been largely completed and a discussion paper is being produced to facilitate public consultations on the changes being proposed for the new Act. Staff in the Environmental Health Unit will continue to manage the review as it proceeds through the various steps necessary to become new legislation.

Tobacco Control

The Department continues to support the provinces program enforcing provisions in *The Non-Smokers Health Protection Act* prohibiting the sale of tobacco products to minors. In 2000/01, 1,367 retailers were checked for compliance, 88 were issued tickets for selling tobacco to a minor, 72 warnings were issued and 2 charges were laid under the *Federal Tobacco Act*. Since the program's inception in October 1996, 6,319 Manitoba retailers have been checked, 456 tickets issued, 277 warnings given and 29 charges under the *Federal Tobacco Act* have been laid. Based on these statistics, 87.5% of Manitoba's retailers are complying with the law.

The Environmental Health Unit staff continue to work on development of a comprehensive provincial tobacco control strategy that would address the four goals of the National Strategy; prevention, protection, cessation, denormalization.

Oral Health

The goal of the Dental/Oral Health Unit is to promote policies and community-based programs aimed at optimizing dental and oral health for all Manitobans and to enhance adoption of positive dental health behaviour and practices.

The Senior Dental Consultant facilitates and consults with the Regional Health Authorities for the establishment of programs and projects. Partnerships with private associations and academic facilities help to guarantee evidence-based policy development. Dental Health staff undertakes reviews and monitors trends in dentistry to facilitate and implement the development of a Provincial Oral Health Strategy.
The Community Water Fluoridation Program is funded and facilitated by Department staff. In 2000\01, 66 communities were fluoridating their water systems, representing 95% of the population on a public water supply (approximately 770,000 Manitobans). Two communities were awarded monies to upgrade systems.

During 2000/01, an Agency grant was awarded to St. Amant Centre for a resident dental care program. The Circle of Smiles Early Childhood Caries project won a National Preventive Health Award. Plans began for a Pilot Project around Early Childhood Caries in collaboration with the Regional Health Authorities, the University and Health Canada. Activities continued in order to develop a needs assessment survey tool.

A process of developing an Omnibus Dental Disciplines Act for Manitoba continues.

3(f)1 Public Health and Epidemiology

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,881.9	32.75	2,023.5	(141.6)	
Other Expenditures	9,639.3		9,054.3	585.0	
- Grants/Transfer Payments	184.8		195.7	(10.9)	
Total Other Expenditures	9,824.1		9,250.0	574.1	

Cadham Provincial Laboratory

The Cadham Provincial Laboratory (CPL) has served Manitobans as their Public Health Laboratory since 1897. It has the sole responsibility in the Province for several province-wide public health and diagnostic services. CPL also provides reference and consultative services to Manitoba and other regions and is the central reference microbiology laboratory for the Province.
Cadham Provincial Laboratory is the 'early warning system' for the Minister of Health to warn of impending outbreaks. This allows the Province to be proactive, rather than reactive, to public health concerns.

There are five distinct labs within CPL:

Clinical Microbiology Lab

- Supports Provincial Public Health Programs such as the investigation of food borne illnesses and Sexually Transmitted Diseases (STD).
- Plays a central role in outbreak coordination.
- Actively involved in developing molecular techniques designed to improve the detection of pathogens or to improve our ability to identify outbreak situations.

Major accomplishments during 2000/01:

- Evaluated several new STD diagnostic procedures to facilitate the identification of STDs in urine specimens from high-risk populations.
- Evaluated a new technique for identifying the agent of whooping cough.
- Developed expertise with DNA fingerprinting techniques to more rapidly confirm an outbreak due to bacterial pathogens.
- Evaluated a rapid kit for C. difficile, the leading cause of diarrhea in hospitals and long-term care facilities. When implemented, this will result in quicker treatment and aid in prevention of disease.

Virus Detection Lab

- Responsible for routine viral detection and provincial and national surveillance for viral respiratory (i.e. influenza, parainfluenza), enteric (i.e. rotavirus), and sexually transmitted diseases (i.e herpes).
- Provides strain information and primary isolates to the Laboratory Centre for Disease Control, to prevent the circulation of vaccine preventable diseases.

Major accomplishments during 2000/01:

- Evaluated newly developed kits, for rapid detection of Influenza A and B, in preparation for the flu season.
- Provided early warning of the strains of influenza circulating during the influenza season, and was involved in a study of adverse effects of vaccines.
- Developed a molecular technique for viral meningitis, in response to physician need.
- CPL was designated as an external Electron Microscopy Virus reference lab for an international Quality Assurance program.

Serology/Parasitology Lab

- Provides support for the Provincial Prenatal Programs (screening for syphilis, hepatitis B and rubella.)
- Performs serodiagnostic testing for viral and bacterial diseases (HIV, hepatitis, Legionnaire's Disease, herpes, Lyme Disease, etc.).
- Acts as the Province's reference laboratory for detection of parasitic disease.

Major accomplishments during 2000/01:

- Improved the management of HIV infected patients through a viral load test.
- Actively involved in surveillance by monitoring Western Equine Encephalitis infections in the environment, as well as new and emerging diseases (e.g., West Nile Virus, Sen.-V virus.)
- Prepared for the 'Hepatitis C Blood Recipient Notification Project', and will be the sole testing laboratory.

Metabolic Diseases and Public Health Chemistry Lab

- Screens all newborns in the Province for specific inborn errors of metabolism and endocrine function. Early detection and intervention of these disorders prevents the damage and possible death associated with these conditions, averting an enormous cost to the health care system.
- Conducts maternal serum screening for the prenatal detection of Down Syndrome and Trisomy 18. This province-wide program is run in collaboration with the Department of Human Genetics at the University of Manitoba.
- Provides testing for the Cholinesterase Program, which monitors pesticide operators for the exposure to organo-phosphate and carbamate compounds.

Major accomplishments during 2000/01:

- Implemented newborn DNA testing for the mutation responsible for Glutaric Acidemia Type I. This disease is highly prevalent in the aboriginal population of the Island Lake Region of Manitoba and in Northwestern Ontario and early intervention prevents paralysis or death.

Quality Assurance Lab

- Provides CPL and rural labs in Manitoba with quality control of microbiology laboratory tests and high quality microbiology media.
- Provides the infrastructure and expertise for CPL accreditation by the College of American Pathologists (CAP), and participates in accreditation of other labs in Canada and the USA. CPL is the only CAP accredited lab in Manitoba and one of sixteen in Canada.

Information Section

- Provides support services for the Clinical Microbiology, Virus Detection, Serology/Parasitology and Quality Assurance Labs.
- Allows health care providers the ability to retrieve data important for the prevention and management of communicable disease control.

3(f)2 Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	4,219.3	88.28	4,084.1	135.2	
Other Expenditures	3,556.4		3,315.8	240.6	
- Grants/Transfer Payments					
Total Other Expenditures	3,556.4		3,315.8	240.6	

Chief Medical Officer of Health

The Office of the Chief Medical Officer of Health is responsible for developing policy and standards for public health practice and to discharge, in conjunction with the Public Health Branch and the Regional Health Authorities, the Department's responsibilities as outlined in *The Public Health Act*. This Office assists in the development and articulation of healthy public policy and acts as a major spokesperson for the Department on public health matters.

The Office of the Chief Medical Officer of Health is responsible for the professional direction and support of a team of regional Medical Officers of Health (MOH) who work as members of regional public health teams to assure that public health programs are carried out across the province in a consistent fashion. Capacity to flow and analyze data to assist in the management of these programs is being developed in conjunction with the Epidemiology Unit and the Public Health Branch. The MOH team has input to healthy policy development through the Office of the Chief Medical Officer of Health.

Major accomplishments during 2000/01:

- Chaired the Provincial Drinking Water Advisory Committee on bacterial safety of drinking water and worked on the implementation of the committee's recommendations.
- Continued the development of the Report on the Health of Manitobans.
- Chaired the Federal/Provincial/Territorial Advisory Committee on Population Health.
- Strategic planning for capacity development for population health promotion.
- Developed the response plans for West Nile Virus and Pandemic Influenza.
- Recruited a full complement of regional Medical Officers of Health and response to emerging health issues, including meningoccal disease, hantavirus, mould, and flare gas air quality concerns.

3(g) Medical Officers of Health

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,367.6	13.00	1,539.1	(171.5)	
Other Expenditures - Grants/Transfer Payments	263.4		88.8	174.6	1.
Total Other Expenditures	263.4		88.8	174.6	

Explanation Number:

1. *The over-expenditure is mainly related to the recruitment of several vacant Medical Officer of Health positions, including Professional services agreements, advertising (public communications and position bulletin costs), relocation costs and travel costs.*

Health Programs

Health Programs is responsible for leading the development, implementation, monitoring and evaluation of program and service expectations/standards for the health care system in Manitoba, for the development, implementation, monitoring and evaluation of key strategic and population health initiatives and programs that improve health outcomes for priority populations and for the management of the delivery of direct service programs such as the Selkirk Mental Health Centre, the Office of the Chief Provincial Psychiatrist, northern nursing stations, grant funded non-government organizations, and pilot programs.

Summary of Activities

Program and service expectations for the health care system

- Coordinate the development, approval and implementation of performance indicators and targets used by Manitoba Health or Government to track health system performance and health status.
- Participate in the development of expectations/standards, indicators, and monitoring and measurement systems for new or redeveloped programs, services and strategies.
- Coordinate and facilitate the evaluation of expectations/standards and monitoring/measurement activities which provide parameters for RHA/central agency performance.
- Lead departmental periodic program evaluation activity.
- Perform environmental scanning of expectations/standards and best practice activities in other jurisdictions.
- Refine a departmental performance measurement framework in collaboration with other branches.
- Provide consultation to departmental and RHA evaluation projects.

Key strategic and population health initiatives

- Provide provincial leadership to the development of key strategic policy and program frameworks and population health initiatives that improve health outcomes for priority populations (e.g. primary health care).
- Develop strategies to redefine existing programs (e.g. mental health renewal, Selkirk Mental Health Centre redevelopment, primary health care development), or to deal with a specific issue identified by providers or RHAs (e.g. Rehabilitation Services).
- Identify research, best practices, policy options, program and service implementation for health initiatives and inter-sectoral partnership activities (e.g. primary health care, mental health renewal).
- Promote cross-sectoral strategic planning (e.g. electronic health record that follows clients; home care-mental health linked services; mental health-addictions-dual diagnosis).
- Promote intra-provincial and cross-jurisdictional collaboration on issues, initiatives, and strategies that are held in common.
- Identify changing and emerging needs and ensure policy encompasses changing priorities.

Management of the delivery of direct service programs

- Develop and implement pilot projects including evaluation of the project and devolution planning to the RHAs (e.g., Aboriginal Health and Wellness Centre, Farm and Rural Stress Line, Primary Health Care Centres, Minimum Data Set – Home Care).
- Establish equalization and stabilization measures for agencies within the community health care sector including devolution planning to the RHAs (e.g. grant funded agencies, northern nursing stations).
- Operation of the Northern Nursing stations and the Selkirk Mental Health Centre.
- Negotiate service agreements with grant funded agencies that include appropriate monitoring processes and evaluation framework.
- Provide program policy support and consultation to Regional Health Authorities (e.g. mental health, rehab. services, palliative care etc.)
- Support and assist RHAs to maintain current, relevant and accurate health information.

Aboriginal Health

The Aboriginal Health Unit acts as the key resource with respect to all areas of service, policy, and initiatives that involve the Aboriginal community. Activities also include liaison with other provincial and territorial jurisdictions as well as other jurisdictional health authorities.

The development of relationships and partnering with the Federal government and other departments of Manitoba is ongoing. A pilot project to meet the needs of First Nations Children with Complex Medical Needs has been negotiated with Federal Departments, First Nations and the Government of Manitoba. As well, an inter-sectoral process continues to determine recommendations for the future

delivery of services to this target group. Additional projects are being developed for a streamlined approach of service delivery for populations normally serviced by the federal government.

The Aboriginal Health Strategy was initiated in June 1999, with the primary intent to establish a strategic direction to improve the overall health and well being of the Aboriginal population in Manitoba. A fundamental premise of the strategy is that: a) healthy Aboriginal citizens are important to the overall quality of the economic, social and cultural life of Manitoba; b) a population health approach ensures a holistic approach in the development of future planning to meet the needs of Aboriginal people; and, c) the need to build partnerships with Northern communities, First Nations, the Regional Health Authorities, and the Federal government. In October 1999, Manitoba Health established an Aboriginal Health Strategy Working Group with representatives from Branches within Manitoba Health to ensure the development and implementation of Aboriginal health strategies and initiatives in Manitoba. This Working Group will continue to work to establish an inter-departmental working group and a community advisory working group to ensure multi-departmental participation in initiatives and ensure stakeholder input in the development of initiatives.

Manitoba Health remains involved in numerous issues of concern facing Aboriginal communities. These include but are not limited to: governance issues, establishment of personal care homes, home care and long term care programs, midwifery, dialysis, diabetes education, physician and nursing service provision, mental health, children's health, spiritual care, holistic tertiary care, patient transportation services, emergency transportation services, training of resource people for these services and promoting the training of Aboriginal health professionals.

Specific projects in progress during 2000/01 include:

- **Aboriginal Health and Wellness Centre (AHWC)** - a three-year pilot project (1998/99 – 2000/01), situated at the Aboriginal Centre in Winnipeg. Funding is provided for a primary health clinic, education and outreach and community development using the Medicine Wheel Model to promote the health and wellbeing of the urban aboriginal community.
- **Manitoba Aboriginal Strategy on HIV/AIDS** – in April 2001, Manitoba Health in partnership with the Aboriginal Working Group on HIV/AIDS began the developmental work for an Aboriginal specific HIV/AIDS strategy in Manitoba.
- **Norway House First Nation Dialysis Program** – establishment of dialysis services on reserve in the federal hospital.
- **First Nation Personal Care Home Networking Group** – a work in progress involving partnerships with Manitoba Health, First Nations & Inuit Health Branch, Indian & Northern Affairs Canada and First Nation Personal Care Home administrators to review existing policies, standards involving licensing and monitoring from an inter-jurisdictional perspective.
- **Nisichawayasihk Cree Nation (Nelson House) Personal Care Home** – establishment of a personal care home in the community. Manitoba Health has committed to license this facility located adjacent to the reserve and fund level IV residents.
- **Manitoba Keewatinowi Okimakinak (MKO) and Northern Medical Unit** – provision of physician services.
- **Southern Chiefs Organization** – consultation in establishing a protocol for working relationships between levels of government.
- **Island Lake Tribal Council** – establishing dialysis and other primary health services within the geographic area.
- **Sandy Bay First Nation** – ongoing work with the First Nation community and the Regional Health Authorities to enhance diabetes services as well as services to seniors and the disabled.
- **Berens River First Nation** – working in collaboration with the community crisis team, North Eastman Regional Health Authority, Northern Medical Unit and the First Nations and Inuit Health Branch to provide appropriate mental health services as identified by the community.
- **Swampy Cree Tribal Council** – continuing to work with the communities in the delivery of nursing services, and development of a mediation agreement concerning the 64 agreement, including Health Canada, Manitoba Health and Swampy Cree Tribal Council.

- **Northern Nursing Stations**
  - Community workers who provide on-call/first response services were converted from casual to term employees.
  - The Aboriginal Health Unit staff at Easterville will be relocating into a new Nursing Station facility in May 2001 which will be leased from the Chemawawin Cree Nation.
  - A contract was signed with First Nations HealthCare Ltd. to ensure critical nursing services are provided while the department attempts to recruit nurses during this period of serious nursing shortages.
- **Federal/Provincial** – historical establishment of intergovernmental working relationship.

Women's Health

The major focus for women's health in 2000/01 was the development, approval and public announcement of the Women's Health Strategy. The Women's Health Unit of Manitoba Health and the Manitoba Women's Directorate worked collaboratively on the Strategy. At the women's health conference in October 2000, the Minister of Health announced that he and the Minister responsible for the Status of Women had endorsed the Women's Health Strategy for Manitoba. The Minister of Health also announced that gender is now to be considered a determinant of health by Manitoba Health, which is an important step in recognizing that the health needs of women and men are often different.

This strategy provides the foundations on which to build a new approach to women's health and outlines a variety of action steps. The strategy's purpose is to ensure the health status of women is addressed in a coordinated, sustainable, equitable and gender sensitive manner. The initial steps of the implementation process include:

- Increasing knowledge and understanding of women's health within Manitoba Health and the RHAs.
- Including a focus on women's health needs in the community needs assessment process and other planning processes of Manitoba Health and RHAs.
- Identifying indicators about the health of women and collecting and analyzing the data related to Manitoba women.
- Contributing to the efforts of other government departments and sectors to address women's health issues.
- Involving women in the planning and delivery of health services by obtaining input from diverse groups of women throughout the province.

Other accomplishments and significant ongoing activities related to women's health undertaken by Health Programs and other areas of the Department for 2000/01 include:

- **Pregnant Addicted Women's Study:** This study, which was initiated in February 1999, was completed and submitted to Manitoba Health in Summer 2000. The study is a comprehensive analysis of the needs of women who are addicted, particularly those that are pregnant and those of Aboriginal descent. A Strategy Development Committee was established to move the 49 recommendations contained in the study forward, or where appropriate, indicate how they have been or are in the process of being addressed. This committee is comprised of the same membership as the Project Advisory Committee from the Study, with the addition of representatives from the Employment and Income Assistance Division of Family Services and Housing and Child and Family Services agencies. A report from this committee is expected by December 2001.
- **Gender and Health Planning:** A project with a focus on gender and health planning is in the process of being developed, in partnership with the Prairie Women's Health Centre of Excellence and two RHAs.
- **Gender Inclusive Analysis:** Training on gender inclusive analysis was initiated within Manitoba Health and RHAs.

- **Consultations with Women:** The Minister responsible for the Status of Women met with women in Winnipeg and Thompson to hear their issues related to women's health. The Women's Health Unit assisted the Manitoba Women's Directorate in these endeavours.
- **Women's Health Conference:** The Women's Health Unit participated in the planning and as speakers in the "Health is in Our Hands" Conference that was sponsored by The Prairie Women's Health Centre of Excellence.
- **Planning with Regional Health Authorities:** The 'Action Plan for Women's Health' that was developed for the above mentioned conference was distributed to the RHAs for their review and feedback. Manitoba Health provided assistance to some RHAs with this process and is convening a meeting early in the next fiscal year to discuss the 'Action Plan' and the Women's Health Strategy.
- **Prairie Women's Health Centre of Excellence:** The Women's Health Unit represents Manitoba Health on the Board of Prairie Women's Health Centre of Excellence.

Child Health

The Child Health Unit provides leadership and coordination to the development of policies and programs respecting the health of infants, children, and youth in Manitoba. This Branch complements the work of, and liaises with, the Manitoba government's Healthy Child Initiative. The focus is on a Health Promotion and Wellness approach, although the Unit is also involved in some activities of a more "acute care" nature. In August 2000, a Director was recruited for the Unit, and in November 2000 a second Child Health Consultant was recruited. This staffing complement is augmented by the services of expertise in the area of nutrition. Child Health services are coordinated with Child Mental Health, Aboriginal Health and Women's Health initiatives.

Significant activities of Child Health in 2000/01 included:

- **Asthma Strategy** - The incidence of asthma has increased dramatically in the last decade. The Children's Asthma Education Project at HSC has demonstrated the potential to significantly reduce the use of health care resources by children with asthma, particularly the use of Hospital Emergency services. Child Health is working with community partners to develop options to extend these supports to children and families in rural and northern Manitoba.
- **Baby First** - This home mentoring program for overburdened mothers of newborns, funded by Healthy Child Manitoba and delivered by the RHAs is available across the province. Child Health is working with Healthy Child Manitoba to support BabyFirst.
- **Breastfeeding** - The Manitoba Baby Friendly Coordinating Committee is chaired and supported by Child Health. The Committee has representation from each RHA as well as independent expert members. The Baby Friendly Initiative is an international program established by World Health Organization and UNICEF to promote, support and protect breastfeeding as the optimum for infant nutrition worldwide. Each RHA has formed a Baby Friendly Regional Committee that works to develop and support Baby Friendly Initiatives in the region. The first Baby Friendly Manitoba Workshop is planned for June, 2001 to assist regional committees in planning and implementing the initiative in hospitals and at a community level.
- **FAS Development Team** - Led by Manitoba Education and Training, Child Health participated on a committee that developed a planning resource called "Towards Inclusion, Tapping Hidden Strengths, Planning for Students who are Alcohol Affected". The planning resource is designed to assist educators in developing appropriate supports and services for children with challenging behaviours.
- **Initiatives to Address Fetal Alcohol Syndrome** - Child Health participates in a variety of activities to prevent FAS and to assist those already affected by alcohol. Through the Winnipeg and Burntwood RHAs, Manitoba Health supported the diagnostic and follow-up services of the Clinic for Alcohol and Drug Exposed Children at Winnipeg Children's Hospital and the FAS Support Team in Thompson. Child Health has also worked in partnership with Health Canada and other provincial and territorial governments on the development and distribution of a new FAS poster and pamphlet called *"Pregnant? No Alcohol"*. Child Health participated on the National Steering Committee to develop the publications *"Best Practices - FAS/FAE and the Effects of*

Other Substance Use During Pregnancy" which identifies best practices for the prevention, identification and intervention and *"Situational Analysis - FAS/FAE and the Effects of Other Substance Use During Pregnancy"* which provides an overview of FAS related activities across Canada.

- **Infant Audiology** - New developments in diagnostics and treatment equipment for hearing have made it possible for newborns to be given an initial hearing assessment with follow-up insertion of a hearing aid as young as three months of age. Child Health is working with RHAs and other partners to identify and develop options for early audiological screening and follow-up of infants.
- **Injury Prevention** - Injuries are a major cause of preventable death in Manitoba (in 1996 and 1997, injuries were the leading cause of child death for children aged 29 days to 14 years). Manitoba had Canada's highest rate of injury death for children aged 10-14 from 1994-1996, according to the recent report of the Canadian Institute on Child Health. Manitoba Health began work with colleagues in Public Health, IMPACT (Injuries Manitoba - Prevention of Adolescent and Childhood Trauma) and other partners to develop strategies to prevent and reduce injury, hospitalizations and death for children and adults. In addition, Manitoba Health launched a Childhood Injury Prevention Campaign aimed at reducing the number of childhood hospitalizations and deaths. The awareness program provided a home safety information kit to 6,000 families, including Manitoba foster families and day cares.
- **Special Education Review Initiative** - Led by Manitoba Education and Training, Manitoba Health has participated in a comprehensive review of recommendations for special education and intersectoral co-ordination.
- **Nurses in Schools Initiative** - To strengthen the health and wellbeing of Manitoba children and their families, Manitoba Health and Healthy Child Manitoba in partnership with the RHAs are developing a Nurses-in-Schools initiative to promote increased wellness in Manitoba schools, not only for the school population, but also for parents and siblings. The Nurses-in-Schools program will provide a Public Health Nursing/Health Educator capacity in elementary, middle and/or senior schools, with a priority on those schools located in communities with higher than average factors of risk to good health.
- **Nutrition** - Manitoba Health, as a partner department with the Healthy Child Initiative, is contributing to the development of Prenatal and Early Childhood Nutrition strategies to increase prenatal and early childhood nutrition support. The plan includes such activities as supporting the development of infant feeding resources, developing a nutrition web page on the Manitoba Health website, and working with community organizations to support childhood nutrition.
- **Pediatric Therapy Initiative** - In 1999/00, Manitoba Health participated in the Provincial Therapy Working Group, under the lead of Child and Family Services, to develop a co-ordinated, integrated, system across departments for the delivery of speech-language, physiotherapy and occupational therapy services. In 2000/01, Child Health staff worked with colleagues in Education and Training and Family Services and Housing toward implementation of the recommendations of the Working Group.
- **Promise Years** – 2000/01 was the final year of a three-year pilot project in South Westman RHA to provide preschool speech therapy assessment and services in cooperation with five School Divisions. The outcomes reported were very positive (e.g. some children are able to complete their speech therapy before beginning school). Ongoing funding for this initiative was approved for the project.
- **Regional Health Authorities** – Child Health provides information to and receives recommendations from the Vice-Presidents and other managers of the RHA toward developing strategies and actions to strengthen the range of services for children and their families.

Seniors Health

The Health Programs Branch continued to work with the RHAs, seniors and others to create and develop resources for seniors. Health Programs also continues to monitor and review non-government agencies in receipt of government funding for seniors programming.

During 2000/01, staff continued to provide advice, consultation and information related to policy and programs for seniors to Department and government staff, community organizations, educators and the general public.

- In June 2000 the Department established a committee to develop an Alzheimer Strategy for Manitoba in order to commence planning for the future. The committee, which is co-chaired by the Alzheimer Society of Manitoba and Manitoba Health, is comprised of representatives from RHAs, Alzheimer Society of Manitoba, Centre on Aging, Manitoba Society of Seniors, Seniors Directorate, consumers and Manitoba Health. The Committee will make recommendations for optimal Alzheimer and related dementia care, prevention, education, research and support in Manitoba. The strategy will focus on the best possible care and support throughout the health care continuum for those Manitobans affected by Alzheimer Disease and related dementia, their families and other caregivers.

Long Term Care

On June 29, 1998, The Health Services Insurance Amendment Act received Royal Assent. This Act contains amendments which will move the power to license personal care homes under The Health Services Insurance Act. Previously Personal Care Homes were licensed under *The Public Health Act*. New Standards for personal care homes have been developed, and the new standards regulation will come into effect once the consultation process is complete. To introduce the new standards into the personal care homes, Manitoba Health staff will be conducting annual evaluations of a number of the proposed new standards each year using identified performance measures. In the past year, standards relating to Resident's Rights, Safety and Security Issues, Emergency Preparedness, and Administration were evaluated. This year's standards reviews will focus on Admission Criteria, Agreements and Information for Personal Care Home residents, as well as professional services. Once this evaluation process has been completed, the new standards regulation will come into effect and the issuance of new licenses will be dependent upon compliance with the regulatory standards.

Major accomplishments during 2000/01:

- Completed the Personal Care Home Policy/Standards Manual to be printed and distributed to the Regional Health Authorities and Long Term Care Facilities.
- Completed first year standards evaluations in rural Manitoba and will complete in the Winnipeg Personal Care Homes in 2001.
- Developed performance indicators for the second year's standards evaluations and shared with the Regional Health Authorities.
- Developed a policy framework relative to safe oral feeding practices, management of choking incidents and management of dysphagia for residents of personal care and shared with the Personal Care Homes.
- The Alzheimer Strategy Committee is continuing its work to make recommendations for optimal Alzheimer and related dementia care, prevention, education, research and support in Manitoba.

Home Care

The Health Programs Branch is responsible for Home Care policy development and interpretation, standards development, monitoring and trend analysis, research into best practice, and consultation and liaison.

Summary of Activities

- Continued work with the Standards Development staff and with a Manitoba Health Liaison representative, on the development of formal Expectations and Measures requirements for Home Care. This initiative was placed on hold pending developments at the Federal/Provincial/Territorial level on a national framework for Home Care.

- The Manitoba Health Home Care Information Systems Pilot Project continued. The Pilot provided a comparative evaluation of two assessment systems for Home Care; Screening, Assessment and Care Planning Automated Tool) SACPAT and the InterRAI Minimum Data set-Home Care (MDS-HC) in order to identify a solution that best meets the needs of the Manitoba Home Care Program. The project involved 15 Home Care sites in Winnipeg and was funded in large part through the Federal Government's Health Transition Fund. An evaluation of the instruments was completed September 30, 2000, resulting in MDS-HC being the chosen instrument to deploy for the pilot project. A Final Report was submitted to the Health Transition Fund on March 31, 2001 although the project continues through 2001.
- Worked with four other provinces/territories on the development of a Continuing Care Electronic Health Record proposal for funding through the Canadian Health Infostructure Partnerships Program (CHIPP). This proposal was not accepted for federal funding, however work continued on the Manitoba portion of the project and alternative funding is being explored.
- Continued to work on the development of alternative housing with care models. A Supportive Housing model, developed by Manitoba Health to extend community care for persons otherwise requiring care in a personal care home, has been piloted in Winnipeg. Supportive Housing provides personal support services and essential homemaking in permanent, grouped and community housing settings. The residents are frail and/or cognitively impaired elderly persons or persons with physical disabilities whose service requirements justify the need for 24 hour on site assistance. In 2000/01 the Centre on Aging of the University of Manitoba completed Phase 2 of the evaluation for MB Health of the four supportive housing pilot projects managed by the Winnipeg Regional Health Authority. Staff made presentations and worked with other RHAs on the development of further supportive housing options.
- Provided consultation to RHAs on a number of policy issues.
- Staff participated in an orientation for new members of the Home Care Appeal Panel.
- Responded to inquiries and surveys from researchers and other jurisdictions for information about Home care and related issues in Manitoba.
- Participated in a number of provincial and federal committees and work groups. Cross-jurisdictional issues included the interface between Home Care and Mental Health, and disability related issues. Manitoba representatives participated in the work of the Federal/Provincial/Territorial Working Group on Continuing Care. The major initiative of this group in 2000/01 was the work on the development of a national vision and framework for Home Care.
- Developed information for the MB Health website to improve access to information on the Manitoba Home Care Program.

Medical Supplies and Home Care Equipment Programs

The Health Programs Branch is responsible for establishing program policy and standards for the provision of Home Care Equipment and Medical Supplies under the Home Care Program, the Manitoba Ostomy Program and the Manitoba Community Wheelchair Program.

- A Manitoba Ostomy Product Review Committee and a Provincial Home Care Medical Supplies and Equipment Committee review the range of supplies and equipment available through these programs and oversee quality assurance functions through product evaluations. The Health Programs Branch continued to provide interim support while MB Health and the Regional Health Authorities worked on a plan for the Regional Health Authorities to take full responsibility for these committees. The Committee developed a framework and guidelines for product evaluation.
  At year-end, the Regional Health Authorities of Manitoba (RHAM) Inc. assumed responsibility for the contracting of medical supplies and responsibility for the contracting of ostomy supplies was assumed by Logistics Services on behalf of all RHAs. Materials Distribution Agency (MDA) continues to be responsible for the contracting of medical equipment in support of the home care program.

- Branch staff continued to participate in the committee overseeing the Home Oxygen Program. Oxygen concentrator services continued to be made available to all eligible Manitoba residents requiring life-sustaining oxygen and meeting the eligibility criteria of the Home Care Program. Oxygen concentrator services were provided by Rimer Alco North America (RANA-Medical). The service contract with RANA-Medical was assumed by the Regional Health Authorities of Manitoba (RHAM) Inc. during 1999/00.
- The Health Programs Branch continued to administer the acquisition of manual and motorized wheelchairs for the Manitoba Community Wheelchair Program. The Society for Manitobans with Disabilities (SMD) is grant funded by Manitoba Health to distribute, recycle and service wheelchairs purchased by government for long term loan to eligible Manitobans residing in the community. Negotiations continued with SMD to develop deliverables within a service agreement with a view to transferring the Program to the Winnipeg Regional Health Authority to manage on behalf of all RHAs.
- The Manitoba Community Wheelchair Program guidelines and forms were revised, updated and tested in the community with success and are currently being used.

Palliative Care

During 2000/01, Manitoba Health continued to provide direction to the provincial palliative care program through policy and program development in collaboration with the RHAs. Towards year-end, as the development activity was near completion, implementation of the program was transferred to the responsibility of the Regional Affairs Division.

Adult Mental Health Services

During fiscal year 2000/01, the following objectives were prioritized for mental health:

- To provide central functions and operations of mental health within the Department, in particular, standards development and monitoring, evaluation, and the identification of best practices in mental health to support RHAs and provincial programs in the delivery of services; and
- To develop a Mental Health Renewal Plan for Manitoba.

Major accomplishments and ongoing activities for 2000/01 included:

Central Functions

- Provided funding for the first time to the Obsessive Compulsive Disorders Information and Support Centre to deliver mutual aid, support, and information services.
- Initiated a review of mental health self help policy.
- Initiated a provincial evaluation of mental health crisis services.
- Implementation of the Manitoba Farm and Rural Stress Line.
- Support to the opening of a new adult inpatient psychiatric unit in The Pas.
- Participated in the adult psychiatric needs in Central Region.
- Assisted in further refinement and development of the Selkirk Mental Health Centre role as long-term care psychiatric facility in the Province.
- Consulted with RHAs regarding the recruitment of mental health service providers and other tasks associated with program development.
- Continued consultation with RHAs regarding the need for entry level and ongoing training of mental health service providers.
- Continued planning and development of a revised provincial Mental Health Information Management System and Minimum Data Set for coordinated entry and analysis of mental health services on a province-wide basis.
- Continued in the implementation of a comprehensive caseload review project with the RHAs, intended to advise Community Mental Health caseload management.
- Continued consultation with RHAs and other stakeholders regarding psychogeriatric programs and services.
- Collaborated with Manitoba Health Standards Development Branch in the development of Expectations and Measures regarding mental health services in the province.

- Completed the evaluation of Psychosocial Rehabilitation Services in Western Manitoba.
- Continued in the development of a provincial Alzheimer strategy.
- Participated in planning toward the development of a provincial Eating Disorders Day Program.
- Participated in planning toward the development of a Program for Assertive Community Treatment (PACT) in Winnipeg.
- Participated in planning an inter-departmental review of supported employment programs for persons with disabilities.
- Participated in the development of inter-departmental processes related to the new federal/provincial Employment Assistance for People with Disabilities (EAPD) agreement.
- Continued inter-departmental development of recommendations related to individuals with Special Needs.
- Continued participation on Federal/Provincial/Territorial Advisory Committee on Mental Health.
- Participated in the planning for an integrated continuum of Mental Health Education opportunities.
- Continued partnerships and collaborative work with Regional Mental Health Councils, Provincial Advisory Committee on Mental Health, hospitals, community organizations as well as other departments of the Province of Manitoba such as Justice, Family Services, Housing and Education and Training.
- Coordinated the development of protocols and the training of Community Trauma Teams with the RHAs.
- Assisted the RHAs and Office of the Fire Commissioner in the development and training of the Critical Incident Stress Management Teams.
- Participated in a national forum on dual diagnosis (addictions and mental health) issues.
- Assisted the Manitoba Emergency Management Organization in training RHAs on the psychosocial impact of disasters.
- Assisted in the development of disaster and emergency plans in Manitoba Health.

Mental Health Renewal

Mental Health renewal is a broadening of the mandate of the mental health system to include practices that improve mental wellness as well as treat mental illness. It moves the mental health system in a direction towards a primary health care approach that stresses service delivery strategies focussed on promotion, prevention and early intervention.

Following a provincial forum held in the last quarter, in consultation with consumers, family members, other natural supports, RHAs and other service providers, Manitoba Health has identified four themes for mental health renewal that are congruent with and contribute to the long term expected outcomes for the mental health system.

- Participation (consumers, family members and other natural supports) in the planning and evaluation of the system.
- Mental Health Promotion/Illness Prevention.
- Early Identification and Intervention in Mental Illness.
- Community collaboration.

Drawn from the consultation process, Manitoba Health will continue goals and objectives that flow from these themes, from which a four-year renewal plan will be developed and implemented.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services is comprised of the following components: the Youth Suicide Information Centre, contract psychiatrists who consult to child support systems and teach in the Advanced Certificate in Community Child and Adolescent Mental Health Program (in the process of being transferred to the Winnipeg Regional Health Authority) and program and policy development regarding child and adolescent mental health needs and issues. Child and Adolescent Mental Health Services is an identified high-priority population within Mental Health renewal plans for 2001 and 2002.

Youth Suicide Information Centre

The Youth Suicide Information Centre (YSIC) was formulated to deal with the problem of youth suicide in Manitoba and officially began operating in September 1989. As an educational and resource development program, YSIC does not provide direct therapy services for suicidal youth. However, it is available to assist a school or community with a postvention plan to deal with the after effects of suicide.

Psychiatric Consultation

Child and Adolescent Mental Health Services deploys psychiatrists to Winnipeg Child and Family Service agencies, and residential facilities such as the Knowles and Marymound Centres. As part of a multidisciplinary team, these psychiatrists provide assessment, diagnosis and treatment to children and adolescents, consultation and professional education to the team and program consultation and inservice education to social workers and other professionals in the community. Planning is taking place to transfer these services to the Winnipeg Regional Health Authority.

Policy and Program Development

Child and Adolescent Mental Health Services is also responsible for policy and program development, federal/provincial liaison, specialized training in child and adolescent mental health, standards and interdepartmental issues.

A pilot to have a consortium of child and adolescent service providers in Winnipeg take responsibility for the specialized training in child and adolescent mental health has just been completed. The purpose of this pilot was to update the training and to make it more accessible to the rural/northern health authorities. The RHAs and other stakeholders in child and adolescent mental health are currently reviewing the pilot results.

During the year, Child and Adolescent Mental Health Services was an active participant in a number of committees with representation from Manitoba Health, Family Services, Justice, Education and Training and other non government agencies which have examined various needs and issues pertaining to children's mental health.

Other major accomplishments and ongoing activities for 2000/01 included:

- Child and Adolescent Mental Health Services Review – A one-day workshop to examine the current service delivery enhancers and barriers in Winnipeg.
- Participation in the Provincial Co-ordination of Services Committee to improve the interdepartmental and interagency services for children and adolescents.
- Assisted in the development of an eating disorders day treatment program with the Winnipeg RHA.
- Participated in the Special Education Review Initiative.
- Participated in the Co-ordination of Child and Adolescent Programs and Services Committee (advisory committee to Manitoba Health).
- Assisted in the training for the CMHA Early Intervention in Psychosis Project
- Represents Mental Health on the Provincial Advisory Committee on Child Abuse.
- Assisted in the development and training for the Emotionally and Behaviourally Disturbed provincial protocols (Sharing the Caring).
- Assisted in the review of all Level III applications in Manitoba Education and Training.
- Consulted with Justice regarding the Lakewood issues.
- Participated in Healthy Child Initiative in their activities.
- Participated in the development of the CMHA Resource Centre.
- Assisted in the development of the Connecting Communities suicide conference.
- Provided consultation to the RHAs regarding child and adolescent mental health issues.

Strategic Initiatives

An Executive Director of Strategic Initiatives was hired late in the year; the early initiatives under development of this Branch are a personnal primary health care strategy and planning for Mental Health renewal within the primary health care model.

Primary Health Care

Primary Health Care (PHC) is the first contact that people have with the health care system. It supports and involves individuals, families and communities in order to make the best decisions for their health and is seen as a means to improve population health through its focus on:

- Co-ordination of client access to a continuum of programs and services covering the spectrum from health promotion, disease and injury prevention, treatment of acute and chronic illness, supportive and rehabilitative care throughout the life span.
- Care/service provided by the appropriate provider within an interdisciplinary teams in a collaborative manner.
- Partnerships with all the human services sectors to address the determinants of health such as housing, education and justice.

Objectives

The Primary Health Care Branch provides guidance, direction and support to Regional Health Authorities, health providers and communities in assessing the planning, implementation and evaluation of PHC services. The objectives of the Branch are:

- To support the planning, implementation and evaluation of primary health care initiatives (e.g.)
  - Midwifery
  - Community Nurse Resource Centres
  - Winnipeg Regional Health Authority Access Centre(s)
  - East Borderland PHC (Sprague)
  - Centre De Sante
  - Aboriginal Health and Wellness Inc.
- To complete the design and implementation of targeted education and communication strategies on PCH for internal and external clients
- To support the RHAs in the development, monitoring and evaluation of primary health care services.
- To collaborate with other Branches in the Department regarding policy developments that will impact the delivery of primary health care services.

Summary of Activities

- **Communication Strategy**
  A component of the communication strategy includes presentations to Manitoba Health and RHA staff as well as community members. Presentations over this past year included the RHA Council of Vice-Presidents of Programs, Board of Directors Central RHA, Wellness Conference at Morden, Mafaking Municipal Council, Churchill RHA, Brandon School of Nursing, as well as planning workshops with the CNRC staff at Ethelbert and The Pas.

- **Contractual Agreement Templates**
  The PHC Branch has worked with the Health Labour Relations Branch in the development of two employment contracts for primary care physicians – a salaried agreement and an independent contractor agreement. These templates provide an alternative to fee-for-service remuneration models, and are recommended for use by RHAs in hiring physicians for community health centres. These templates support the scope of practice envisioned for physicians working within a PHC environment, including working as a member of an interdisciplinary team, providing comprehensive primary care services, assurance of continuity of care across the continuum of service and enhanced accessibility for clients, families and other health service providers through extended hours of work, weekends and an on-call provision.

- **Current Collaborative PHC Initiatives**
  The PHC Branch supports several demonstration projects and new initiatives in their development, implementation and evaluation. In keeping with the principles of PHC, each project has been planned based on identified needs of the community it services and focuses on providing better access to comprehensive, collaborative and coordinated care.

Community Nurse Resource Centres (CNRCs)

In 1994, the province of Manitoba announced the establishment of four Community Nurse Resource Centres (CNRC) as three-year demonstration projects. Each centre is staffed by primary care nurses along with an interdisciplinary team of care providers, established to address local community health needs. All four CNRCs are currently in operation, located in St. Vital (Winnipeg RHA), Thompson (Burntwood RHA), Flin Flon and The Pas (NOR-MAN RHA) and in Ethelbert (Parkland RHA).

The CNRCs are at various stages in their development. Both the NOR-MAN and Parkland CNRCs began operation as demonstration projects in November 1999. The St. Vital and Burntwood CNRCs have completed their three-year demonstration phase and an evaluation process which supported the adoption of both centres as core programs within their respective RHAs.

Centre de santé St. Boniface

Funded as a three-year pilot project, this bilingual facility opened its doors in July 1999 to service the primary health care needs of the Francophone population of Winnipeg and the English-speaking population of the St. Boniface neighbourhood. Governed by a community board, the Centre includes family physicians and primary care nurses, along with a team of allied health care providers. An Evaluation Advisory Committee, comprised of representatives of Manitoba Health, the Centre and the community, has been established to oversee the evaluation process.

Aboriginal Health and Wellness Centre

The PHC Branch participated on the Evaluation Advisory Committee for the pilot phase of this project. The report of the external evaluator has been approved by the Committee and has gone forward to the Board of the Aboriginal Health and Wellness Centre to address the recommendations contained in the report.

East Borderland Primary Health Care Centre (Sprague)

This facility has been operational since June, 1999 providing PHC services through a full-time primary care nurse and an itinerant family physician one day per week. A second phase of the project is planned for Fall, 2001 with an expansion of the building site and integration of community services personnel in 2002. The PHC Branch has provided an orientation session on primary health care principles for RHA staff involved in the initiative and is currently assisting with the development of an evaluation framework.

KinPlace Primary Health Care Centre (Oakbank) & Beausejour PHC Centre
KinPlace provides PHC services to the community via an interdisciplinary team of providers, which include primary care physicians. The PHC Branch has provided an orientation presentation to senior staff involved in the planning to assist in the development of this, as well as other PHC initiatives in the region. Construction of the Beausejour facility is nearing completion with implementation slated for the fall.

Health Access Centres – Winnipeg Regional Health Authority
The Winnipeg Regional Health Authority (WRHA) has identified the establishment of Health Access Centres as a mechanism to improve access to primary health services in each of the 12 community areas of Winnipeg. Work on Health access Centres has focussed on the River East and the Downtown communities. Health Access Centres will see the consolidation of existing community health as well as primary care staff into one or several coordinated sites within the catchment area. This is the first step towards better integration of services for that neighbourhood. Planning is occuring with Manitoba Family Services and Housing to enable program staff from that department to integrate into Health Access Centres. The development of health information systems to better address community health needs will be an area of focus in the future.

- **Intra and Extra Sectoral Committees and Working Groups**
  PHC staff provide input in planning and development relative to PHC on the following committees and working groups:

  Manitoba Association of Community Health
  Population Health Promotion Committee
  Rehabilitative Services Working Group
  CNRC Advisory Committee
  F/P/T Advisory Committee on Primary Health Care
  Health Plans Guidelines
  Rural Health Advisory Committee
  Aboriginal Health Strategy
  Expectations & Measures – Health Promotion Working Group

Midwifery

Implementation of Midwifery Services

A number of events took place in Spring, 2000 to bring publicly funded, regulated midwifery into fruition. On June 12, 2000 the Midwifery Act was proclaimed. The Act establishes the College of Midwives of Manitoba and authorizes the midwife to carry out certain activities such as prescribing medications and performing minor surgical procedures. All midwives wishing to practice midwifery in Manitoba must now be registered with the College of Midwives of Manitoba.

In conjunction with the passage of the Act, the government allocated funding for 26 full time equivalent midwifery positions. These positions were distributed among those Regional Health Authorities, which were approved by Manitoba Health to provide midwifery services. The positions were distributed among RHAs as follows: Winnipeg(16), South Eastman(3), Burntwood (4), Central (2), and Brandon (1).

Manitoba Health also signed an "Implementation Memorandum of Understanding" with the Midwives Association of Manitoba which specifies that midwives who provide publicly funded services must be employees of a RHA and which sets out the details of the compensation package available to employed midwives.

- **Provincial Midwifery Advisory Committee**
  In November 2000, Manitoba Health established the Provincial Midwifery Advisory Committee. The Committee consists of representatives from RHAs, consumers of midwifery services, the Midwives Association of Manitoba, the College of Midwives of Manitoba, the College of Physicians and Surgeons and Manitoba Health. The purpose of the Committee is to provide recommendations to Manitoba Health on policy matters such as the recruitment and retention of midwives in rural and northern regions.

- **Monitoring the Safety of Midwifery Care**
  After consultation with community stakeholders, Manitoba Health developed a database to monitor the safety of midwifery care in Manitoba. Practising midwives are required to submit client data to Manitoba Health, which will take responsibility for collating and analysing the data.
- **Services to Aboriginal Women**
  The Aboriginal Midwifery Co-ordinator has had several meetings with aboriginal and first nations communities to determine the most appropriate model for providing midwifery service to aboriginal and first nation women and their families. It is clear from these meetings that providing midwifery training to members of the community would be the ideal model for providing such service. It is hoped that in the future some form of distance midwifery education can be provided to interested candidates.

Standards Development

The Standards Development Branch leads Manitoba Health staff in setting expectations and measures for RHAs and central agencies, to ensure compliance with government policy, and to promote continuous quality improvement in the health system of Manitoba.

In 2000/01, the Standards Development Branch:

- Reviewed and revised the Branch strategic plan.
- Developed Manitoba's Health Performance Measurement Framework in collaboration with other Manitoba Health staff, and RHAs.
- Oriented Manitoba Health staff and RHA management staff to Manitoba's Health Performance Measurement Framework.
- Initiated Expectations and Measures development in the areas of Home Care, Disaster Management, Mental Health, Palliative Care and Addictions.
- Co-chaired the Collaborative Perinatal Project Team.
- Participated in the Mental Health Renewal Project.
- Participated in a Federal/Provincial/Territorial process that aims to develop key indicators that will permit comparable reporting across the provinces.
- Developed Expectations and Measures in the areas of Home Care, Disaster Management, Mental Health, Palliative Care and Addictions.
- Participated on the Healthy Child Intersectoral Policy and Evaluation Committee.
- Participated in the Provincial Nursing Resource Plan Task Force.
- Performed environmental scans of Expectations and Measures activities in other jurisdictions.
- Provided consultation related to existing standards in specified areas, such as organ transplantation.

3(h) Health Programs

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	4,105.4	77.35	4,467.2	(361.8)	
Other Expenditures	3,695.4		3,486.5	208.9	
- Grants/Transfer Payments	5,264.2		5,297.2	(33.0)	
Total Other Expenditures	8,959.6		8,783.7	175.9	

Health Services Insurance Fund

The Health Services Insurance Fund provides for all program costs related to payments to health authorities for acute and long term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

Payments are made to the Regional Health Authorities (RHAs) for Manitoba hospitals, health centres, personal care homes, regional laundries, mental health facilities, the Ambulance Program, the Northern Patient Transportation Program, CancerCare Manitoba, and the Manitoba Adolescent Treatment Centre.

Acute Care Services

Health services provided to persons in hospital as insured services include:

- Standard ward accommodation and meals (a charge for private or semi-private accommodation may be made directly to a patient);
- Necessary nursing services;
- Laboratory, radiological and other diagnostic procedures;
- Drugs, biologics and related preparations;
- Use of operating room, case room and anaesthetic facilities;
- Routine medical and surgical supplies;
- Radiotherapy, physiotherapy, occupational and speech therapy, where available; and
- Other services approved by Manitoba Health.

As of March 31, 2001, Manitoba had a total of 3,993 acute care set-up beds and 703 other set-up beds (psychiatric extended treatment, palliative, chronic, long-term assessment/rehabilitation and paneled).

Fifty-seven percent of the population lives in Winnipeg, which has 2,271 acute care set-up beds and 420 other set-up beds. In addition, there are two hospitals that provide long term care and one adolescent psychiatric facility.

In rural Manitoba, there are 1,722 acute care set-up beds and 283 other set-up beds, plus two federal hospitals and 18 federal nursing stations. In addition, rural Manitoba residents have access to Winnipeg acute care set-up beds.

Long Term Care Services

Personal care services provided to persons in personal care homes consist of:

- Basic nursing care under the supervision of a registered nurse; or
- Personal assistance with activities of daily living; or
- Supervision of activities of daily living together with goods and services that are specified in regulations.

As of March 31, 2001 there were 124 personal care homes in Manitoba with 9,594 licensed beds and 194 non-licensed interim beds to give a total of 9,791 personal care home beds. Thirty-nine of Manitoba's personal care homes are in Winnipeg with a total of 5,707 beds, and 85 personal care homes are in other regions with a total of 4,084 beds

Nineteen of Manitoba's personal care homes (14 in Winnipeg, 2 in Brandon and 3 in rural areas) are privately owned and operated. One hundred and five personal care homes are non-proprietary and are operated by non-profit bodies including religious or charitable groups and service organizations.

All residents of licensed personal care homes are assessed a daily residential charge. A sliding scale of rates based on income is established by Government and the charge is reassessed effective August 1st each year. The rates as of August 1, 2000 were $25.40 to a maximum of $59.30 per day.

The Health Services Insurance Plan also provides funding for the Personal Care Home Drug Program. The Personal Care Home Drug Program provides funding for all pharmaceuticals supplied to the residents of personal care homes. In 2000/01, 50 community pharmacies were funded to provide services to 95 personal care homes. The remaining facilities were served by the hospital pharmacy.

Home Care Services

Manitoba Home Care is a province-wide program, which provides essential in-home support to eligible individuals through a range of assessment and direct care services. Home Care services are provided as an alternative to facility care when care in the home is the most appropriate option, and when Home Care services are required to augment the services available from family, community and other resources. On a short term basis, Home Care services facilitate hospital discharge and also allow individuals receiving palliative care to be cared for in their own homes. On a longer term basis, Home Care services assist individuals to live in their own homes as long as is safely possible as an alternative to facility placement.

Home Care services are delivered through the local offices of the Regional Health Authorities and include a broad range of services based on a multidisciplinary assessment of individual needs. Professional staff assess for eligibility for Home Care, Supportive Housing, Adult Day Care, Respite care and Personal Care Home Placement. They also provide care planning, case management and coordination of service for Home Care clients. Direct services provided by the Regional Health Authorities include nursing, therapy, personal care, and household maintenance services such as meal preparation and laundry. Specialty services such as Intravenous Therapy, Dialysis and Home Oxygen Therapy are also available where there is a sufficient need in the community.

Medical supplies and equipment are available province-wide to eligible Home Care clients to support the client's care plan.

The Support Services to Seniors Program was developed to assist seniors to remain independent in the community. Funding is provided to encourage the development of Support Services initiatives at the community level. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local solutions, and the use of volunteers from existing support services. The Program exemplifies the partnership between the Regional Health Authorities and community to provide services to our senior population.

Adult Day Care is a support service which provides a group program of health maintenance and promotion for clients of the Home Care program who are frail elderly or chronically disabled who wish to remain living in the community. The program also provides relief and respite for caregivers, who themselves may be frail and at risk. Adult Day programs are most often located in a personal care home setting or other community location and provide the following:

- Programmed recreation and socialization;
- Coordination and/or provision of transportation;
- Nutritious meals and snacks;
- Availability at least 2 days/week and 4-6 hours/day;
- Use of volunteers in the delivery and enrichment of the program, and
- Assistance with personal care if required.

Community and Mental Health Services

All core mental health services, with the exception of self-help services, and long term care and treatment (i.e. Selkirk Mental Health Centre), are delivered through the 12 Regional Health Authorities. The core mental health services that must be available to residents of all regions include:

- Assessment and Identification Services
- Acute-Care Treatment
- Mobile Crisis Intervention Services
- Crisis Stabilization Units
- Supportive Housing Options
- Psychosocial Rehabilitation
- Self Help and Family Supports
- Intensive Case Management
- Long Term Care and Treatment Capacity
- Prevention, Promotion and Public Education Services

Community alternatives to acute care include Safe House resources and Crisis Stabilization Units. Safe houses are located in Winnipeg, Portage la Prairie, Thompson, and Swan River. Crisis stabilization units are available in Winnipeg, Selkirk, and Brandon. As well, mobile crisis units are also available in Winnipeg, Brandon, Interlake, Central, South Eastman, and Parkland RHAs. Self help groups including Anxiety Disorders Association of Manitoba, Manitoba Schizophrenia Society, and Mood Disorders are active in most regions of the province, as is the Canadian Mental Health Association.

Mental Health Reform resulted in 25 new acute psychiatric beds being attached to the Brandon General Hospital; 10 beds in Dauphin; and 10 beds in Thompson. Eight new psychiatric beds have been renovated in The Pas. Four of these beds are currently opened whereas the remaining four beds are scheduled to be operational in the next fiscal year as staff are recruited. A working committee will be set up to review the adult acute psychiatric care needs in Central Region and to determine use of the 8 recently renovated psychiatric beds in Portage la Prairie.

The addition of the Northern Rural beds allows most patients to receive mental health services as close to their home as possible.

Emergency Response & Transport Services

Ambulance Program

Land Ambulance Services became the responsibility of the Regional Health Authorities (RHA) through the introduction of The Regional Health Authority Act and the repeal of the relevant sections of The Municipal Act. Fees for ambulance services are established by, or approved by the RHA as a condition of contractual service arrangements.

Manitoba Health Emergency Services retains responsibility to ensure appropriate personnel and service licensing standards are maintained, and to assist regions to develop provincially consistent and medically defensible emergency medical response services.

The delivery of air ambulance service remains outside the R.H.A. system. There are seven agencies providing fixed wing interfacility transport. Most of the emergency interfacility patients who are flown are transported by the Provincial Lifeflight program. Stable patients who are flown out of the NPTP region (over 3,000 last year) are flown by commercial air ambulance carriers licensed by the province.

Northern Patient Transportation Program

The day-to-day administration of the Northern Patient Transportation Program is the responsibility of the Regional Health Authorities in the eligible areas.

This program is designed to subsidize the cost of transportation required for residents of Manitoba located in the north to obtain necessary medical or hospital care at the nearest location available for health conditions either on an elective or emergency basis. Subsidy may include costs for an essential escort (as required for an infants or disabled persons). Coverage is available to Manitoba residents north of the 53rd parallel on the west of Lake Winnipeg, and on the east to the Ontario boundary coverage is extended south to the 51st parallel. When ground travel is complicated by freeze up and thaw there are provisions for some isolated communities outside of these boundaries. The population within this catchment area is approximately 77,000.

Under the elective portion of the program, travel costs for physicians who conduct clinics and treatments in the north are also subsidized. NPTP also provides a transportation subsidy for medical and non-medical escorts based on the identified medical needs of the patient. Emergency Response & Transport Services.

4(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries					
Other Expenditures					
- Grants/Transfer Payments					
Acute Care Services	1,035,148.4		1,023,663.2	11,485.2	1.
Long Term Care Services	347,695.9		338,942.3	8,753.6	2.
Home Care Services	165,801.6		162,506.1	3,295.5	3.
Community & Mental Health Services	112,658.3		106,348.9	6,309.4	4.
Emergency Response & Transport Services	19,855.3		16,344.8	3,510.5	5.
Total Grants	1,681,159.5		1,647,805.3	33,354.2	
Third Party Recoveries	(5,347.6)		(4,694.5)	(653.1)	
Reciprocal Recoveries	(25,988.0)		(28,465.6)	2,477.6	6.
Recoverable from Urban Economic Development Initiatives	(2,000.0)		(2,000.0)		

Explanation Number:

1. *The over-expenditure is primarily due to wage settlements and current and prior year deficits.*
2. *The over-expenditure is mainly due to wage settlements, current and prior year deficits as well as price and volume increases for drugs given to residents in Personal Care Homes, offset in part by increased residential charges income.*
3. *The over-expenditure is mainly due to current and prior year deficits and is offset in part by an under-expenditure for Case/Resource Coordinators, which is expensed from Community and Mental Health Services.*
4. *The over-expenditure is primarily the result of wage settlements, current and prior year deficits, and Case/Resource Coordinators who are expensed to this program but the funds are budgeted under Home Care Services.*
5. *This over-expenditure is mainly due to wage settlements as well as current and prior year deficits.*
6. *The under-recovery is primarily due to fewer in-patient days than planned as well as lower estimated recovery of funds from other provinces.*

Provincial Health Services

Healthy Communities Development

Healthy Communities Development provides funding to assist with the one-time costs of the implementation and bridging of priority alternative health care services and programs. During 2000/01 some examples of active projects included:

- Aboriginal Health and Wellness Centre
- Community Nurse Resource Centres, Norman, Parklands
- Regulated Midwifery
- Children's Asthma Education Project
- Hepatitis C Lookback Program

4(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments					
Out of Province	23,331.1		19,043.1	4,288.0	1.
Blood Transfusion Services	34,315.9		36,254.1	(1,938.2)	
Federal Hospitals	1,570.4		1,820.2	(249.8)	
Prosthetic and Orthotic Devices	5,484.5		5,008.0	476.5	
Healthy Communities Development	9,828.0		8,000.0	1,828.0	2.
Nursing Education	5,748.2		5,748.2	-	
Other	-		82.9	(82.9)	3.
Total Other Expenditures	80,278.1		75,956.5	4,321.6	

Explanation Number:

1. *The over-expenditure is primarily due to increased costs for the Critical Shortages Fund (transportation, meals, accommodation for persons with prostate and breast cancer who have to travel out-of-province for treatment), as well as higher costs per visit for reciprocal and non-reciprocal in-patients and out-patients.*
2. *The over-expenditure is mainly due to a compassionate financial assistance program established for those Manitobans infected with the Hepatitis C Virus through the Canadian blood system prior to January 1, 1986 or subsequent to July 1, 1990, offset by delays in implementation of Healthy Communities Development projects.*
3. *The under-expenditure is primarily due to the completion of funding requirement for Unisys and Plasma Lab.*

Medical Program

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

In 2000/01 physicians provided 15.2 million services, 147,200 optometric services, 885,200 chiropractic services and there were 1,800 services for oral surgeons. Under the interprovincial reciprocal agreements, Manitoba physicians received payment amounting to $8.5 million for providing 242,651 services to residents of other provinces and territories.

4(c) Medical

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments					
Physician Services	464,013.4		444,594.8	19,418.6	1.
Other Professionals	13,467.7		13,121.9	345.8	
Out of Province Physicians	15,193.5		13,335.1	1,858.4	2.
Other	3,127.7		2,975.2	152.5	
Total Other Expenditures	495,802.3		474,027.0	21,775.3	
Third Party Recoveries	(3,051.0)		(2,221.3)	(829.7)	3.
Reciprocal Recoveries	(8,124.8)		(6,726.3)	(1,398.5)	2.

Explanation Number:

1. *The over-expenditure is primarily the result of volume and price increases for physicians.*
2. *The over-expenditure is mainly due to a higher cost per visit than estimated, offset to reciprocal recoveries.*
3. *The over recovery is mainly due to higher recoveries from Manitoba Public Insurance Corporation than estimated plus unplanned recoveries from Worker's Compensation Board resulting from internal auditing investigation.*

Pharmacare Program

The Pharmacare Program funds pharmaceutical benefits, as provided for in The Prescription Drugs Costs Assistance Act and Regulations, in order to protect the residents of Manitoba from financial hardships resulting from expenses for prescription drug expenses.

To apply for benefits under the Income Based Pharmacare Program, a Pharmacare Application and Consent Authorization form must be completed. Manitoba residents now have the option of applying to the Pharmacare Program annually or through a one-time enrollment application process. Manitobans who select the new one-time enrollment process will no longer be required to annually submit a Pharmacare Application along with income verification. A Pharmacare deductible is assessed based on the family's total income. Once this deductible is met, eligible drug costs are covered 100% until the end of the benefit year.

Applications may be submitted any time during the benefit year (April 1 through March 31) and are available at all pharmacies in Manitoba as well as the Insured Benefits Branch at 300 Carlton Street, Winnipeg, Manitoba, R3C 3M9.

The annual Pharmacare deductible is determined for each family unit on the basis of annual total family income – 2% for those with a total family income up to $15,000.00 per year (minimum $100.00 deductible); 3% for those with a total family income greater than $15,000 per year. Total family income includes the annual income of each spouse, based on line 150 (total income) of The Canada Customs and Revenue Agency (Revenue Canada's) Notice of Assessment, reduced by an adjustment of $3,000.00 for a spouse and for each dependant child under 18 years of age, where applicable.

4(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments	108,927.3		94,189.3	14,738.0	1.
Total Other Expenditures	108,927.3		94,189.3	14,738.0	

Explanation Number:

1. *The over-expenditure is primarily the result of increases in prescription volume, increase in average dispensing fees and changes in product mix due to new product introductions.*

Expenditures Related to Capital

This appropriation includes payments associated with the acquisition/construction of physical assets where payments are made directly by the Health Services Insurance Fund. These payments cover such capital costs as principal repayments of approved capital borrowing, equipment purchases, funding of reserves for major repairs, and cash expenditure for capital projects.

6(a) Acute Care

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Principal Repayments	32,544.8		29,389.1	3,155.7	1.
Equipment Purchases and Replacements	10,426.8		10,933.1	(506.3)	
Other	11,877.4		11,590.5	286.9	
Total Other Expenditures	54,849.0		51,912.7	2,936.3	

Explanation Number:

1. *The variance is primarily due to a $7 million contribution to the Sinking Fund for acute care facilities, partially offset by under-expenditures in Acute Care and Long Term Care 21-6B.*

6(b) Long Term Care

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Principal Repayments	12,692.2		13,857.1	(1,164.9)	
Equipment Purchases and Replacements	1,295.6		1,551.1	(255.5)	1.
Other	3,223.0		7,693.8	(4,470.8)	2.
Total Other Expenditures	17,210.8		23,102.0	(5,891.2)	

Explanation Number:

1. *Under-expenditure is due mainly to the fact that the basic equipment provision for personal care homes for some RHA's was included with Acute Care in one lump sum. This is offset in Acute Care 21-6A, Equipment Purchases and Replacements.*
2. *Capital project planning cost requirements proceeded slower than originally forecasted.*

Amortization of Capital Assets

This appropriation provides for the amortization of capital assets.

7 Amortization of Capital Assets

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments	2,106.8		2,192.6	(85.8)	
Total Other Expenditures	2,106.8		2,192.6	(85.8)	

Capital Investment-Health

In accordance with the implementation of accounting policy changes respecting tangible capital assets in 2000/01, Health's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.

Expenditures by Sub-Appropriation	Actual 2000/01 $(000's)	Estimate 2000/01 FTE	Estimate 2000/01 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments	108.6		4,000.0	(3,891.4)	1.
Total Other Expenditures	108.6		4,000.0	(3,891.4)	

Explanation Number:

1. Overall planning and priority determination delayed individual project initiation.

Financial Report Summary Information Part 1

Manitoba Health
Reconciliation Statement
April 1, 2000 - March 31, 2001

DETAILS	2000/01 ESTIMATES
2000/01 Main Estimates:	$2,424,930.4
Allocation of Funds From:	Nil
2000/01 Estimate:	**$2,424,930.4**

Note: *Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.*

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2001

Estimate 2000/01		Appropriation		Actual(1) 2000/01		Actual(2) 1999/00		Increase (Decrease)	Expl. No.
$ 27.3	21 1A	Minister's Salary		27.1	$	26.9	$	0.2	
	21-1B	Executive Support							
$ 558.1		-1	Salaries and Employee Benefits	510.8	$	598.7	$	(87.9)	
$ 154.9		-2	Other Expenditures	748.2	$	155.8	$	592.4	1
	21-1C	Finance and Administration							
$ 2,370.1		-1	Salaries and Employee Benefits	2,337.6	$	2,170.2	$	167.4	
$ 933.6		-2	Other Expenditures	1,111.7	$	1,501.5	$	(389.8)	2
	21-1D	Human Resource							
$ 963.6		-1	Salaries and Employee Benefits	855.2	$	759.8	$	95.4	
$ 169.4		-2	Other Expenditures	132.5	$	198.9	$	(66.4)	3
	21-1E	Corporate Services							
$ 1,313.0		-1	Salaries and Employee Benefits	1,213.0	$	1,173.2	$	39.8	
$ 544.9		-2	Other Expenditures	410.0	$	340.3	$	69.7	4
$ 7,034.9		**Total Appropriation 21-1**		**7,346.1**	**$**	**6,925.3**	**$**	**420.8**	
	21-2A	Insured Benefits Services							
$ 6,739.5		-1	Salaries and Employee Benefits	6,780.7	$	6,681.3	$	99.4	
$ 3,366.4		-2	Other Expenditures	3,752.8	$	2,977.3	$	775.5	5
	21-2B	Financial Services							
$ 1,151.3		-1	Salaries and Employee Benefits	1,142.4	$	1,046.2	$	96.2	
$ 159.5		-2	Other Expenditures	210.1	$	143.9	$	66.2	6

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2001

Estimate 2000/01		Appropriation		Actual(1) 2000/01		Actual(2) 1999/00		Increase (Decrease)	Expl. No.
	21-2C	Information Systems							
$ 3,852.1		-1	Salaries and Employee Benefits	3,662.4	$	3,599.8	$	62.6	
$ 5,731.7		-2	Other Expenditures	5,684.4	$	5,194.8	$	489.6	
$ 33.8		-3	External Agencies	33.8	$	33.8	$	-	
	21-2D	Capital Planning							
$ 774.6		-1	Salaries and Employee Benefits	608.9	$	620.7	$	(11.8)	
$ 237.2		-2	Other Expenditures	158.9	$	181.7	$	(22.8)	
	21-2E	Evaluation, Monitoring and Appeals							
$ 519.8		-1	Salaries and Employee Benefits	419.3	$	441.2	$	(21.9)	
$ 385.0		-2	Other Expenditures	353.4	$	295.0	$	58.4	7
$ 88.0		-3	External Agencies	86.6	$	73.4	$	13.2	8
	21-2F	Health Labour Relations							
$ 1,043.0		-1	Salaries and Employee Benefits	1,145.8	$	1,119.3	$	26.5	
$ 405.3		-2	Other Expenditures	522.5	$	338.7	$	183.8	9
$ 692.3		-3	External Agencies	548.6	$	349.0	$	199.6	10
	21-2G	Grants for Evaluation and Research							
$ 1,850.0		-1	Manitoba Centre for Health Policy & Evaluation	1,850.0	$	1,850.0	$	-	
$ 1,752.6		-2	Manitoba Health Research Council	1,752.6	$	1,752.6	$	-	
$ 28,782.1		**Total Appropriation 21-2**		**28,713.2**	**$**	**26,698.7**	**$**	**2,014.5**	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2001

Estimate 2000/01		Appropriation		Actual(1) 2000/01	Actual(2) 1999/00	Increase (Decrease)	Expl. No.
	21-3A	Administration					
$ 310.9		-1	Salaries and Employee Benefits	362.6	$ 294.8	$ 67.8	11
$ 194.1		-2	Other Expenditures	169.9	$ 281.7	$ (111.8)	12
	21-3B	Regional Support Services					
$ 1,943.4		-1	Salaries and Employee Benefits	1,617.3	$ 1,674.6	$ (57.3)	
$ 659.3		-2	Other Expenditures	646.3	$ 547.1	$ 99.2	13
	21-3C	Chief Provincial Psychiatrist					
$ 178.5		-1	Salaries and Employee Benefits	187.0	$ 163.5	$ 23.5	
$ 47.8		-2	Other Expenditures	71.5	$ 75.3	$ (3.8)	
	21-3D	Selkirk Mental Health Centre					
$ 18,554.0		-1	Salaries and Employee Benefits	18,946.9	$ 18,348.3	$ 598.6	
$ 3,391.8		-2	Other Expenditures	3,369.0	$ 3,383.8	$ (14.8)	
	21-3E	Emergency Health and Ambulance Services					
$ 998.9		-1	Salaries and Employee Benefits	952.6	$ 960.4	$ (7.8)	
$ 4,152.9		-2	Other Expenditures	4,473.5	$ 4,218.3	$ 255.2	
$ 51.9		-3	External Agencies	17.6	$ 9.8	$ 7.8	14
	21-3F-1	Public Health and Epidemiology					
$ 2,023.5		-1	Salaries and Employee Benefits	1,881.9	$ 1,911.3	$ (29.4)	
$ 9,054.3		-2	Other Expenditures	9,639.3	$ 7,807.3	$ 1,832.0	15
$ 195.7		-3	External Agencies	184.8	$ 176.6	$ 8.2	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2001

Estimate 2000/01		Appropriation	Actual(1) 2000/01	Actual(2) 1999/00	Increase (Decrease)	Expl. No.
	21-3F-2	Cadham Provincial Laboratory Services				
$ 4,084.1	-1	Salaries and Employee Benefits	4,219.3	$ 3,899.4	$ 319.9	
$ 3,315.8	-2	Other Expenditures	3,556.4	$ 3,221.3	$ 335.1	
	21-3G	Medical Officers of Health				
$ 1,539.1	-1	Salaries and Employee Benefits	1,367.6	$ 1,009.4	$ 358.2	16
$ 88.8	-2	Other Expenditures	263.4	$ 167.6	$ 95.8	17
	21-3H	Health Programs				
$ 4,467.2	-1	Salaries and Employee Benefits	4,105.4	$ 3,944.2	$ 161.2	
$ 3,486.5	-2	Other Expenditures	3,695.4	$ 3,792.1	$ (96.7)	
$ 5,297.2	-3	External Agencies	5,264.2	$ 4,818.1	$ 446.1	
$ 64,035.7		**Total Appropriation 21-3**	**64,991.9**	**$ 60,704.9**	**$ 4,287.0**	
	21-4A	Funding to Health Authorities				
$ 1,023,663.2		Acute Care Services	1,035,148.4	$ 968,116.7	$ 67,031.7	18
$ 338,942.3		Long Term Care Services	347,695.9	$ 310,524.5	$ 37,171.4	19
$ 162,506.1		Home Care Services	165,801.6	$ 149,213.7	$ 16,587.9	20
$ 106,348.9		Community and Mental Health Services	112,658.3	$ 101,966.0	$ 10,692.3	21
$ 16,344.8		Emergency Response and Transport	19,855.3	$ 12,561.4	$ 7,293.9	22
$ (4,694.5)		Third Party Recoveries	(5,347.6)	$ (3,971.3)	$ (1,376.3)	23
$ (28,465.6)		Reciprocal Recoveries	(25,988.0)	$ (26,142.3)	$ 154.3	
$ (2,000.0)		Recoverable from Urban Economic Development Initiatives	(2,000.0)	$ -	$ (2,000.0)	24

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2001

Estimate 2000/01		Appropriation	Actual(1) 2000/01	Actual(2) 1999/00	Increase (Decrease)	Expl. No.
	21-4B	Provincial Health Services				
$ 19,043.1		Out-of-Province	23,331.1	$ 16,762.8	$ 6,568.3	25
$ 36,254.1		Blood Transfusion Services	34,315.9	$ 31,055.7	$ 3,260.2	26
$ 1,820.2		Federal Hospitals	1,570.4	$ 1,943.6	$ (373.2)	27
$ 5,008.0		Prosthetic & Orthotic Devices	5,484.5	$ 5,187.0	$ 297.5	
$ 8,000.0		Healthy Communities Development	9,828.0	$ 4,717.4	$ 5,110.6	28
$ 5,748.2		Nursing Education	5,748.2	$ 5,748.2	$ -	
$ 82.9		Other	-	$ -	$ -	
	21-4C	Medical				
$ 444,594.8		Physician Services	464,013.4	$ 430,323.0	$ 33,690.4	29
$ 13,121.9		Other Professionals	13,467.7	$ 14,610.7	$ (1,143.0)	
$ 13,335.1		Out of Province Physicians	15,193.5	$ 13,829.6	$ 1,363.9	
$ 2,975.2		Other	3,127.7	$ 791.4	$ 2,336.3	30
$ (2,221.3)		Third Party Recoveries	(3,051.0)	$ (2,198.1)	$ (852.9)	31
$ (6,726.3)		Reciprocal Recoveries	(8,124.8)	$ (7,171.1)	$ (953.7)	32
$ 94,189.3	21-4D	Pharmacare	108,927.3	$ 85,482.3	$ 23,445.0	33
$ 2,247,870.4		**Total Appropriation 21-4**	**2,321,655.8**	**$ 2,113,351.2**	**$ 208,304.6**	
	21-6	Expenditures Related to Capital				
		-A Acute Care				
$ 29,389.1		-1 Principal Repayments	32,544.8	$ 23,235.5	$ 9,309.3	34
$ 10,933.1		-2 Equipment Purchases and Replacements	10,426.8	$ 16,188.4	$ (5,761.6)	35
$ 11,590.5		-3 Other	11,877.4	$ 15,574.3	$ (3,696.9)	36
$ -		Less: Recoverable from Capital Initiatives	-	$ (5,000.0)	$ 5,000.0	37

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2001

Estimate 2000/01		Appropriation	Actual(1) 2000/01	Actual(2) 1999/00	Increase (Decrease)	Expl. No.
		-B Long Term Care				
$ 13,857.1		-1 Principal Repayments	12,692.2	$ 9,245.0	$ 3,447.2	38
$ 1,551.1		-2 Equipment Purchases and Replacements	1,295.6	$ 1,295.5	$ 0.1	
$ 7,693.8		-3 Other	3,223.0	$ 3,458.2	$ (235.2)	
$ 75,014.7		**Total Appropriation 21-6**	**72,059.8**	**$ 63,996.9**	**$ 8,062.9**	
$ 2,192.6	21-7	Amortization of Capital Assets	2,106.8	$ 1,274.6	$ 832.2	39
$ 2,192.6		**Total Appropriation 21-7**	**$ 2,106.8**	**$ 1,274.6**	**$ 832.2**	
$ -	21-8	Health Information Network	-	$ 26,397.4	$ (26,397.4)	40
$ -		**Total Appropriation 21-8**	**-**	**$ 26,397.4**	**$ (26,397.4)**	
$ 2,424,930.4		**Total Appropriation 21**	**$ 2,496,873.6**	**$ 2,299,349.0**	**$ 197,524.6**	

Footnote:

(1) Actuals for 2000/01 are based on year-end expenditure analysis report dated July 5, 2001.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2001.

Manitoba Health
Expenditure Summary
Variance Explanation - Actuals March 31, 2001 Vs. March 31, 2000.

1. *The increase is primarily due to the travel and living costs associated with staffing the Deputy Minister's position on an acting basis on contract and travel costs for the Minister and staff. Other activities that also contributed to the increase included professional service agreements to conduct the search for a permanent Deputy Minister of Health. These expenditures were not incurred in 1999/2000.*
2. *The department experienced an increase in minor capital costs associated with the relocation to 300 Carlton Street in 1999/2000.*
3. *The decrease is mainly due to the relocation of the department to 300 Carlton Street in 1999/2000 resulting in reduced accommodation costs and reduced desktop costs in 2000/01.*
4. *The increase is mainly due to the increase in accommodation costs as a result of the relocation to 300 Carlton Street.*
5. *Postal charges contributed to the increased expenditures in 2000/01 as well as increased accommodation costs as a result of the relocation to 300 Carlton Street. This increase was offset somewhat by miscellaneous increases/decreases.*
6. *The increase is due to increased printing costs for the Residential Charges Program, increased travel by the Finance Officers to the Regional Health Authorities and higher accommodation costs in 2000/01.*
7. *The increase is mainly due to the increase in the grant payment to the Canadian Coordinating Office of Health Technology Assessment (CCOHTA) that was charged against operating.*
8. *The increase is primarily due to the grant funding to the Canadian Standards Association in 2000/01. None was paid in 1999/00.*
9. *The increase is primarily due to increased accommodation costs paid in 2000/01.*
10. *Additional funding was approved during 2000/01 for the Manitoba Quality Assurance Program and the Perinatal and Maternal Welfare Committee, increasing the amount of expenditures in 2000/01 over 1999/2000. Payment was also made for the Clinical Practices Guidelines in November 2000, which was not required in 1999/00.*
11. *The increase is mainly due to a severance payment.*
12. *The decrease in expenditures is due to reduced discretionary and non-discretionary costs paid to the Federal/Provincial committees and reduced courier costs due to re-tendering of the contract.*
13. *The increase is due to increased professional services fees associated with the secondment arrangements with the Winnipeg Regional Health Authority.*
14. *The increase in external grants was the result of grant funding paid in 2000/01 to the Manitoba Pre-hospital Professions Association.*
15. *The increase in expenditures over last year were due to higher advertising, printing and professional costs related to the promotion and delivery of the Hepatitis B, C and Pneumococcal Programs; and an increase in vaccine costs due to price and volume increases.*
16. *The increase in salary expenditures in 2000/01 over 1999/2000 is due to the filling of vacant Medical Officer of Health positions.*
17. *The increase in operating expenditure is due to Professional services agreements.*
18. *The increase is mainly due to wage settlements, in addition to funding for dialysis, meningococcal vaccine program, nursing recruitment and CancerCare.*
19. *The increase is mainly due to wage settlements, levels of care increases for nursing, increased costs as well as increased residential charges income related to opening of new beds, price and volume increases for PCH drugs.*
20. *The increase is mainly due to wage settlements, Hallway Medicine and Palliative Care.*

Manitoba Health

Expenditure Summary – *Continued*
Variance Explanation – Actuals March 31, 2001 Vs. March 31, 2000

21. *The increase is due to wage settlements, funding for Sally Ann, Village Clinic Health Clinic funding, Manitoba Adolescent Treatment Centre and River East Access Centre.*

22. *The increase is due to wage settlements and enhancements to the provincial ambulance services system.*

23. *The increase in third party recoveries is as a result of increased average recoveries per case from Manitoba Public Insurance over the prior year as well as cost increases in average recoveries per case.*

24. *Recovery of $2,000.0 from Intergovernmental Affairs budgeted in 2000/01 for Urban Economic Economic Development Initiatives.*

25. *The increase is primarily due to increased costs for the Critical Shortages Fund (transportation, meals, accommodation for persons with prostate and breast cancer who have to travel out-of-province for treatment), as well as increases in reciprocal in-patient and out-patient costs.*

26. *Increase in funding for Canadian Blood Services for 2000/01.*

27. *Decrease is primarily due to fewer in-patient hospital cases offset by an increase in out-patient hospital cases.*

28. *Increase is primarily due to the implementation of the Hepatitis C program in 2000/01, which was not funded in the prior year. In addition, a funding increase occurred in 2000/01 for the Midwifery Program.*

29. *The increase is primarily due to physician's volume of services increase (5.6%, physicians wage settlements, as well as new and expanded programs.*

30. *The increase is due to implementation of new strategies for the Physicians Recruitment and Retention Program as well as the write-off of existing conditional grants re: a change in accounting policy upon transferring of the portfolio to Department of Education and Training.*

31. *The increase in third party recoveries is a result of increased average recoveries per case from Manitoba Public Insurance Corporation over the prior year, as well as unplanned recoveries from Worker's Compensation Board resulting from internal auditing investigations in 2000/01.*

32. *The increase in reciprocal recoveries is due to an increase in the average cost per visit as well as in the number of visits over prior year.*

33. *The increase is due to utilization of new more expensive products and an increase in the number of prescriptions utilized; an increase in dispensing fees due to price & volume, an increase in the number of families for the Multiple Sclerosis Special Therapies Program, and an increase in price of existing products.*

34. *The increase in principal costs is due to the increased value of capital projects completed in 2000/2001 than the value of reduction to capital projects through debt repayment.*

35. *The decrease in expenditures resulted in fewer Outright Specialized Equipment funding being approved in 2000/01.*

36. *The decrease in expenditures is due to less major projects in urban and rural hospitals in 2000/01.*

37. *The Recovery ended in 1999/2000.*

38. *The increase in principal costs is due to the larger dollar value of capital projects completed in 2000/2001 than the value of reduction to capital projects through debt repayment.*

39. *The increase in expenditures in 2000/01 is the result of full year amortization for desktop, full year amortization for SAP, and half year amortization for leasehold improvements.*

40. *Smart Health was written-off in 1999/00.*

Manitoba Health

Revenue Summary by Source

for fiscal year ended March 31, 2001

Actual 1999/00	Actual 2000/01	Increase (Decrease)	Source	Actual 2000/01	Estimate 2000/01	Variance	Expl. No.
			Current Operating Programs				
			1. Government of Canada:				
4,964.7	4979.5	14.8	a) Employment Assistance Persons with Disabilities	4,979.5	4,811.7	167.8	
556.3	694.5	138.2	b) Alcohol, Drug, Treatment and Rehabilitation Program	694.5	694.0	0.5	
$ 5,521.0	**$ 5,674.0**	$ 153.0	**Sub-Total**	**$ 5,674.0**	**$ 5,505.7**	168.3	
			2. Other Revenue:				
3,235.7	2630.5	(605.2)	a) Sundry	2,630.5	2,780.3	(149.8)	
$ 8,756.7	**$ 8,304.5**	$ (452.2)	**Total Revenue**	**$ 8,304.5**	**$ 8,286.0**	18.5	

Manitoba Health

Five Year Expenditure and Staffing Summary by Appropriation ($000)

for years ending March 31, 1997 to March 31, 2001 [1]

Appropriation	1996/97 FTE	1996/97 $	1997/98 FTE	1997/98 $	1998/99 FTE	1998/99 $	1999/00 FTE	1999/00 $	2000/01 FTE	2000/01 $
21-1 Administration and Finance	116.00	6,988.5	114.79	6,727.0	114.29	7,028.5	108.29	7,219.3	108.29	7,346.1
21-2 Program Support Services	295.40	23,380.5	305.63	22,602.9	299.13	23,638.2	303.13	26,476.9	302.13	28,713.2
21-3 External Programs & Operations	1,027.40	44,782.4	1,002.52	56,608.9	696.32	60,977.3	698.32	61,693.1	684.27	64,991.9
21-4 Health Services Insurance Fund	1,123.83	1,729,027.2	1,101.69	1,757,430.9	[3]	1,893,589.1		2,108,741.7		2,321,655.8
21-6 Capital Grants		213,877.1 [2]		60,532.6	[3]	61,734.5		63,997.0		72,059.8
21-7 Amortization of Capital Assets		-				90.3		1,274.6 [4]		2,106.8 [6]
21-8 Health Information Network								26,397.4 [5]		
Total Departmental Expenditures	2,562.63	2,018,055.7	2,524.63	1,903,902.3	1,109.74	2,047,057.9	1,109.74	2,295,800.0	1,094.69	2,496,873.6

Explanatory Notes:

(1) Prior year's comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2001.

(2) Includes $150,000.0 special provision to pay-down Rural, Urban and Personal Care Home Program demand loans.

(3) FTEs were transferred to the Regional Health Authorities.

(4) Six months amortization of Desktop and SAP

(5) Smart Health was written-off in 1999/00.

(6) Full year amortization of Desktop and SAP

(7) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Manitoba Health Services Insurance Plan

Five-Year Expenditure Summary

for years ending March 31, 1997 - March 31, 2001 [1]

Program	1996/97 $000	1997/98 $000	1998/99 $000	1999/00 $000	2000/01 $000
Facilities & Health Authorities	1,167,887	1,160,705	1,233,174	1,582,366	1,725,354
Medical [2]	337,261	360,253	405,535	444,535	487,678
Provincial Programs [3]	48,912	45,510	61,610	66,601	80,278
Pharmacare	55,759	59,459	70,830	85,664	108,927
Manitoba Health Board	21	31	27	-	-
Debt Retirement	150,000	-	-	-	-
Total	**1,759,840**	**1,625,958**	**1,771,176** [4]	**2,179,166** [5]	**2,402,237**

Explanatory Notes:

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2001.

(2) Includes medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(3) Included in Provincial Programs are Canadian Blood Services, out-of-province facilities, Federal Hospitals and Nursing Stations, Healthy Communities Development, Prosthetic and Orthotic, Faculty of Nursing and Assiniboine Community College.

(4) This includes $12,400,000 for the National Hepatitis C extraordinary assistance package and $8,500,000 for the settlement with the Manitoba Medical Association, neither of which are included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 1999.

(5) This includes $6,790,000 for additional Health Authority deficits which were not included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 2000.

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1999/00 and 2000/01

Regional Health Authority	Net Manitoba Health Payments ($) 1999/00	2000/01
Brandon Regional Health Authority		
Acute Care Services Care Services - Operating	55,145,631	58,791,753
Acute Care Services Care Services - Capital	3,765,039	2,118,374
Long Term Care Services - Operating	11,942,703	12,309,343
Long Term Care Services - Capital	514,772	517,152
Medical	3,826,101	5,069,703
Emergency Response & Transportation Services	201,912	201,912
Community and Mental Health	12,377,358	14,035,718
Home Care	3,248,956	3,306,882
Total Brandon Regional Health Authority	**91,022,472**	**96,350,837**
Burntwood Regional Health Authority		
Acute Care Services Care Services - Operating	15,544,818	16,885,582
Acute Care Services Care Services - Capital	1,051,385	553,008
Long Term Care Services - Operating	-	-
Long Term Care Services - Capital	-	-
Medical	7,135,601	8,223,304
Emergency Response & Transportation Services	2,008,694	2,809,514
Community and Mental Health	4,421,197	4,158,883
Home Care	953,539	969,218
Total Burntwood Regional Health Authority	**31,115,234**	**33,599,509**
Central Regional Health Authority		
Acute Care Services - Operating	35,334,159	39,297,291
Acute Care Services - Capital	1,760,074	2,072,623
Long Term Care Services - Operating	24,153,092	25,922,288
Long Term Care Services - Capital	1,328,958	1,139,713
Medical	7,234,702	7,853,004
Emergency Response & Transportation Services	658,296	913,293
Community and Mental Health	9,339,590	9,957,924
Home Care	11,234,238	11,495,336
Total Central Regional Health Authority	**91,043,109**	**98,651,472**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1999/00 and 2000/01

Regional Health Authority	Net Manitoba Health Payments ($) 1999/00	2000/01
Churchill Regional Health Authority		
Acute Care Services - Operating	3,546,196	3,832,746
Acute Care Services - Capital	262,327	100,592
Long Term Care Services - Operating	-	-
Long Term Care Services - Capital	-	-
Medical	308,515	308,520
Emergency Response & Transportation Services	450,350	544,631
Community and Mental Health	808,899	829,967
Home Care	30,397	31,009
Total Churchill Regional Health Authority	**5,406,684**	**5,647,465**
Interlake Regional Health Authority		
Acute Care Services - Operating	17,890,479	18,423,136
Acute Care Services - Capital	1,237,613	1,406,763
Long Term Care Services - Operating	11,305,409	11,890,561
Long Term Care Services - Capital	531,203	714,997
Medical	3,356,099	3,558,294
Emergency Response & Transportation Services	513,075	513,072
Community and Mental Health	5,945,743	6,003,235
Home Care	12,331,340	12,489,717
Total Interlake Regional Health Authority	**53,110,961**	**54,999,775**
Marquette Regional Health Authority		
Acute Care Services - Operating	15,624,372	17,839,034
Acute Care Services - Capital	760,520	819,556
Long Term Care Services - Operating	12,518,301	13,157,918
Long Term Care Services - Capital	758,914	432,672
Medical	4,182,800	4,590,207
Emergency Response & Transportation Services	330,768	512,258
Community and Mental Health	2,133,604	2,240,431
Home Care	4,151,483	4,221,389
Total Marquette Regional Health Authority	**40,460,762**	**43,813,465**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1999/00 and 2000/01

Regional Health Authority	Net Manitoba Health Payments ($) 1999/00	2000/01
Norman Regional Health Authority		
Acute Care Services - Operating	16,555,839	16,804,293
Acute Care Services - Capital	493,743	480,849
Long Term Care Services - Operating	4,086,515	4,241,712
Long Term Care Services - Capital	107,109	55,152
Medical	3,644,398	4,508,794
Emergency Response & Transportation Services	1,676,490	2,461,390
Community and Mental Health	3,481,305	3,864,275
Home Care	2,490,210	2,792,082
Total Norman Regional Health Authority	**32,535,609**	**35,208,547**
North Eastman Regional Health Authority		
Acute Care Services - Operating	7,372,496	8,164,624
Acute Care Services - Capital	837,702	579,939
Long Term Care Services - Operating	5,311,688	6,671,554
Long Term Care Services - Capital	378,620	644,755
Medical	1,470,990	1,973,695
Emergency Response & Transportation Services	465,361	660,216
Community and Mental Health	2,047,220	2,024,322
Home Care	3,900,341	4,005,297
Total North Eastman Regional Health Authority	**21,784,418**	**24,724,402**
Parkland Regional Health Authority		
Acute Care Services - Operating	29,996,535	30,629,786
Acute Care Services - Capital	1,679,489	1,437,816
Long Term Care Services - Operating	17,192,610	18,115,871
Long Term Care Services - Capital	545,676	380,400
Medical	2,770,797	2,898,999
Emergency Response & Transportation Services	438,207	441,599
Community and Mental Health	6,385,077	6,807,195
Home Care	8,518,966	8,665,776
Total Parkland Regional Health Authority	**67,527,357**	**69,377,442**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1999/00 and 2000/01

Regional Health Authority	Net Manitoba Health Payments ($) 1999/00	2000/01
South Eastman Regional Health Authority		
Acute Care Services - Operating	12,025,115	12,319,490
Acute Care Services - Capital	1,029,266	602,951
Long Term Care Services - Operating	8,857,759	9,198,962
Long Term Care Services - Capital	824,244	762,529
Medical	2,356,412	2,612,825
Emergency Response & Transportation Services	272,448	343,652
Community and Mental Health	2,784,182	2,926,985
Home Care	5,765,255	6,378,265
Total South Eastman Regional Health Authority	**33,914,681**	**35,145,659**
South Westman Regional Health Authority		
Acute Care Services - Operating	15,233,225	16,527,722
Acute Care Services - Capital	289,846	537,641
Long Term Care Services - Operating	12,846,605	13,710,491
Long Term Care Services - Capital	644,412	822,109
Medical	3,905,099	4,205,088
Emergency Response & Transportation Services	411,061	696,069
Community and Mental Health	1,960,263	2,029,824
Home Care	3,787,958	3,842,206
Total South Westman Regional Health Authority	**39,078,469**	**42,371,150**
Winnipeg Regional Health Authority		
Acute Care Services - Operating	635,287,595	714,319,340
Acute Care Services - Capital	25,499,255	24,038,216
Long Term Care Services - Operating	130,978,523	146,072,127
Long Term Care Services - Capital	7,182,252	6,546,699
Medical	67,974,004	72,757,606
Emergency Response & Transportation Services	2,586,120	5,025,256
Community and Mental Health	49,213,340	53,854,030
Home Care	93,173,113	99,844,621
Total Winnipeg Regional Health Authority	**1,011,894,202**	**1,122,457,895**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1999/00 and 2000/01

Regional Health Authority	Net Manitoba Health Payments ($) 1999/00	2000/01
Winnipeg		
Beacon Hill Lodges Inc. P.C.H.	4,590,007	5,096,826
Central Park Lodge P.C.H., Edmonton Street	7,455,279	7,978,277
Central Park Lodge P.C.H., Poseidon Bay	5,468,711	6,013,562
Central Park Lodge P.C.H., Brandon	2,297,244	2,444,286
Charleswood Care Centre P.C.H.	4,038,915	4,250,113
Fort Garry Care Centre P.C.H.	1,730,757	1,819,985
Golden Door Geriatric Centre P.C.H.	2,091,819	2,210,371
Heritage Lodge P.C.H.	2,238,583	2,393,000
Hillcrest Place	2,701,592	2,906,643
Kildonan P.C.H.	3,731,577	4,085,114
Maples P.C.H. Limited	5,839,879	6,148,961
Oakview Place P.C.H	6,058,214	6,543,599
Red River Place	2,953,170	3,221,085
River East P.C.H.	3,751,320	4,026,707
St. Adolphe Nursing Centre	1,180,286	1,281,726
St. Norbert P.C.H.	2,383,610	2,568,057
Tudor House	2,091,964	2,186,181
Tuxedo Villa P.C.H.	4,800,204	5,304,750
Vista Park Lodge P.C.H.	2,620,493	2,878,023
Total Winnipeg	**68,023,624**	**73,357,266**
Other		
Assinboine Community College	648,192	200,200
Canadian Blood Agency	32,011,020	34,267,264
Centre de Sante St. Boniface	1,342,149	1,384,320
Community Therapy Services Inc.	59,304	59,304
Department of Clinical Health Psychology Un. of MB.	270,840	270,840
Manitoba Cancer Treatment & Research Foundation	27,311,236	32,697,678
Out-of-Province	16,755,339	23,331,046
Pinaow Wachi	111,600	149,088
St Amant Centre	148,149	293,568
Klinic	0	203,312

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1999/00 and 2000/01

Regional Health Authority	Net Manitoba Health Payments ($) 1999/00	2000/01
University Medical Group	1,518,408	0
University of Manitoba-Northern Medical Unit	839,424	6,174,881
University of Manitoba Nursing Clinic	5,100,000	5,600,000
Total Other	**86,135,661**	**104,631,501**
Federal Hospitals/Nursing Stations		
Hodgson-Percy E. Moore, Hospital	905,895	771,031
Norway House, Hospital	641,521	649,969
Berens River, N.S.	6,050	9,429
Bloodvein, N.S.	7,139	5,557
Brochet, N.S.	10,168	4,464
Cross Lake, N.S.	52,590	54,342
Garden Hill, N.S.	5,566	1,331
God's Lake, N.S.	11,011	15,125
Lac Brochet, N.S.	10,280	7,192
Little Grand Rapids, N.S.	14,880	992
Nelson House, N.S.	13,144	6,696
Oxford House, N.S.	13,794	16,940
Poplar River, N.S.	5,704	8,680
Pukatawagan, N.S.	31,832	5,568
Red Sucker Lake, N.S.	8,928	3,844
Shamatawa, N.S.	25,284	9,052
South Indian Lake, N.S.	9,052	7,192
Split Lake, N.S.	34,100	24,924
Ste. Theresa, N.S.	35,816	30,604
Wassagamack, N.S.	10,527	7,986
Total Federal Hospitals/Nursing Stations	**1,853,281**	**1,640,918**
All Facilities and Regional Health Authorities	**1,674,906,524** [1]	**1,841,977,303** [1]

Explanatory Notes:

P.C.H. refers to Personal Care Home.
N.S. refers to Nursing Station.

1. *Payments to facilities and Regional Health Authorities include $ 25,988,048 for 2000/01 and $26,142,342 for 1999/00 which represent the estimated costs of treating insured residents of other provinces and territories of Canada. These costs are recovered by Manitoba Health directly from the participating provinces and territories. The difference between Manitoba Health payments and the expenditures, as noted in the Financial Report Summary Information, represents year-end accruals and sundry adjustments.*

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Reconciliation Statement
April 1, 2000 - March 31, 2001

DETAILS	2000/01 ESTIMATES
2000/01 Main Estimates:	$ 2,322,885.1
2000/01 Estimate:	**$ 2,322,885.1**

For the year ended March 31, 2001, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund provided a grant in the amount of $2,322,885.1 for planned expenditures. During the year, Supplementary Funding of $74,530.8 was approved, bringing the total grant to $2,397,415.9. Actual expenditures were $2,393,715.6 which resulted in $3,700.3 being transferred back to the Provincial Consolidated Fund.

Office of the Provincial Auditor

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT

To the Legislative Assembly of Manitoba

In accordance with section 7 of The Health Services Insurance Act, we have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2001 and the statement of revenue and expenditure, and net assets for the year then ended. These financial statements, which reflect the Plan's health program expenditures for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Expenditures Related to Capital, have been prepared in accordance with the accounting policies described in note 2. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2001 and the revenue and expenditure for the year then ended in accordance with the accounting policies described in note 2.

Office of the Provincial Auditor

Office of the Provincial Auditor

Winnipeg, Manitoba
June 29, 2001

MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2001 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Provincial Auditor's Office review internal controls and report their findings annually to management and to the Minister of Health.

The Provincial Auditor is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Milton Sussman
Deputy Minister of Health

Dwight Barna
A/Assistant Deputy Minister
Internal Programs & Operations

Winnipeg, Manitoba

JUL 10 2001

Manitoba Health Services Insurance Plan

Balance Sheet

As At March 31, 2001

ASSETS

	2001	2000
	(thousands of dollars)	
Cash	$ 17,476	$ 16,214
Funds on deposit with the Province of Manitoba	137,709	129,946
Accounts receivable:		
Province of Manitoba	68	64
Other Provinces and Territories	9,024	8,738
Other	8,872	5,894
	$ 17,964	$ 14,696
Prepaid expenses	---	1,309
Funds held in trust re debenture trust Agreements (Note 3)	68,868	59,734
	$242,017	**$221,899**

LIABILITIES AND NET ASSETS

	2001	2000
	(thousands of dollars)	
Accounts payable and accrued liabilities:		
Health Authorities and Facilities	$ 98,169	$ 94,020
Medical services claims	32,347	32,664
Pharmacare claims	6,588	4,931
General	21,479	11,722
	$158,583	$143,337
Provision for long term disability benefits (Note 7)	13,766	18,028
Holdbacks relating to debenture trust agreements (Note 3)	68,868	59,734
Net assets	800	800
	$242,017	**$221,899**

See accompanying notes to financial statements.

Manitoba Health Services Insurance Plan

Statement of Revenue and Expenditure, and Net Assets

For the Year Ended March 31, 2001

	2001	2000
	(thousands of dollars)	
Revenue:		
Grants from the Province of Manitoba	$2,393,716	$2,166,178
Third party recoveries	8,399	6,169
Miscellaneous	122	29
Total revenue	$2,402,237	$2,172,376
Expenditure:		
Health Authorities and Facilities (Note 2c, 4 and 6)	1,725,354	1,575,576
Medical (Notes 2c, 4 and 5)	487,678	444,535
Provincial programs	80,278	66,601
Pharmacare	108,927	85,664
Total expenditure	$2,402,237	$2,172,376
Revenue over expenditure	---	---
Net assets beginning of year	800	800
Net assets end of year	$ 800	$ 800

See accompanying notes to financial statements.

Manitoba Heath Services Insurance Plan

Notes to the Financial Statements

For the Year ending March 31, 2001

Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan operates under the authority of the Health Services Insurance Act. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Note 2 - Significant Accounting Policies

a) Basis of Accounting

The financial statements have been prepared on an accrual basis of accounting.

b) Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

c) Interprovincial Reciprocal Recoveries

Under interprovincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenditures.

For the year ended March 31, 2001 the expenditure for Health Authorities and Facilities within the Province, of $1,725,354,000 (2000 - $1,575,576,000) is net of reciprocal recoveries of $25,988,000 (2000 - $26,142,000). The expenditure for Medical program of $487,678,000 (2000 - $444,535,000) is net of reciprocal recoveries of $8,125,000 (2000 - $7,171,000).

d) Vacation Pay and Post-Employment Benefits

Under current funding arrangements with health authorities and health facilities, the Manitoba Health Services Insurance Plan does not fund or record the cost of annual vacation leave earned by employees of health authorities and health care facilities until the year vacations are taken. As well, the Plan does not fund or record the cost of post-employment benefits earned by employees of the health authorities and health care facilities until those post-employment benefits are paid. The total of the accrued vacation pay liabilities and post-employment benefits liabilities recorded by health authorities and health care facilities in their financial statements as at March 31, 2001 is approximately $168,000,000.

Note 3 - Funds Held in Trust re Debenture Trust Agreements

	2001	2000
	(thousands of dollars)	
Government of the Province of Manitoba	$50,958	$41,824
Government of the Province of BC – Bonds	17,910	17,910
	$68,868	$59,734

These funds are used for debt servicing related to the debentures referred to in Note 6, including any required sinking fund payments.

Note 4 – Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expenditure categories of Health Authorities and Facilities and Medical.

Regional Health Authority	2001 Facilities *(000's)*	2001 Medical *(000's)*	2001 Total *(000's)*	2000 Total *(000's)*
Winnipeg	$1,049,700	$ 72,758	$1,122,458	$1,015,159
Brandon	91,281	5,070	96,351	91,022
North Eastman	22,751	1,974	24,725	21,784
South Eastman	32,532	2,613	35,145	33,915
Interlake	51,441	3,558	54,999	53,111
Central	90,798	7,853	98,651	91,043
Marquette	39,223	4,590	43,813	40,461
South Westman	38,166	4,205	42,371	39,078
Parkland	66,478	2,899	69,377	67,527
Norman	30,700	4,509	35,209	32,386
Burntwood	25,376	8,223	33,599	31,115
Churchill	5,339	309	5,648	5,407
Total payments	$1,543,785	$118,561	$1,662,346	$1,522,008

The expenditure category, Health Authorities and Facilities in the Statement of Revenue and Expenditure of Net Assets is comprised of the following:

	2001 *(000's)*	2000 *(000's)*
Health Authorities payments	$1,543,785	$1,413,841
Accruals and facilities and third party payments	207,557	187,877
Reciprocal recoveries	(25,988)	(26,142)
Total expenditures	$1,725,354	$1,575,576

The expenditure category, Medical, in the Statement of Revenue and Expenditure and Net assets is comprised of the following:

	2001 (000's)	2000 (000's)
Medical payments and accruals	$355,649	$322,987
Health Authorities payments	118,561	108,167
Other (Note 5)	13,468	13,381
Total expenditures	$487,678	$444,535

Note 5 - Medical

Included in medical expenditures are the following other health service expenditures:

	2001	2000
	(thousands of dollars)	
Optometric	$ 3,868	$ 3,781
Chiropractic	9,600	9,600
	$13,468	$13,381

Note 6 - Capital Financing

Hospitals and personal care homes obtain financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority approves the issue of all securities and assists in obtaining an orderly market for the sale of securities to finance these capital expenditures. This indebtedness is not reflected in the financial statements and is not guaranteed by the Manitoba Health Services Insurance Plan. Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenditures.

At March 31, 2001, the approved outstanding capital debt of hospitals and personal care homes was $575,445,000 (2000 - $500,650,000) net of accumulated sinking funds of $104,740,000 (2000 - $90,533,000). In addition to the approved outstanding capital debt, lines of credit up to $128,354,000 (2000 - $180,704,000) have been established to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt of the facilities.

Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenditures. For the year ended March 31, 2001, the amount related to principal and interest payments included in the expenditures for Health Authorities and Facilities was $91,425,000 (2000 - $76,552,000).

Note 7 - Provision for Long Term Disability Benefits

Provision for long-term disability benefits represents the Manitoba Health Services Insurance Plan's share of the estimated future benefits payments of the Manitoba Health Organization

Inc. Long Term Disability Insurance Plan for employees of health care facilities covered under the plan.

This amount was established actuarially, as at December 31, 1999, by the insurer of the plan. The amount represents Manitoba Health's share of the estimated cost of future payments to participants, who were on the plan as of March 31, 1999, and continue to receive payments at March 31, 2001. This plan was replaced as of April 1, 1999. When recipients no longer require benefits, they are removed from the plan.

Effective April 1, 1999 a new method of funding long term disability benefits was implemented whereby the Regional Health Authorities are funded 1% of total salaries to cover the costs of the plan. All new claimants subsequent to April 1, 1999 are the responsibility of the Regional Health Authorities and the Healthcare Employees Benefits Plan (HEBP). The costs associated with the funding of this plan are included in the expenditure category of Health Authorities and Facilities.

Note 8 - The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the financial statements.

Note 9 - Comparative Figures

Certain of the 2000 financial statement figures have been restated to be consistent with the 2001 presentation.

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who has received gross payments of $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each.

Payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *The data provides only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abdulrehman A S	$207,794	Amin S M	$260,800	Athaide M	$149,674
Abell W R	$143,853	Anastasiades L	$116,769	Atkinson R	$160,127
Adduri V R	$307,166	Anderson A	$98,063	Attallah G	$118,893
Ahluwalia R S	$176,406	Anderson B	$85,126	Azevedo J E	$57,534
Ahsan A	$202,041	Anderson D M	$111,291	Babick T R	$234,005
Ahweng A	$425,053	Anhalt E	$99,954	Badenhorst J	$267,872
Ainley A	$100,526	Anhalt Hicks C	$263,546	Baidwan S K	$99,450
Albak RI E	$223,453	Anozie C B	$94,703	Baker C	$259,021
Albi F	$238,834	Antonenko N	$134,383	Baker R C	$53,391
Aldor T A M	$95,969	Antonissen L A S	$273,433	Balachandra B	$133,313
Alevizos I	$97,162	Anyadike I O	$315,447	Balageorge D	$279,730
Ali M B	$360,931	Aoki F Y	$55,343	Balcha B	$61,570
Allan D R	$130,935	Armstrong B	$294,397	Balko G	$185,045
Allan R R	$321,820	Armstrong J D	$79,168	Banerjee R (1)	$230,507
Allegro N	$107,123	Arneja A S	$285,861	Banmann D S	$81,767
Allen D R	$75,360	Arneja J	$293,909	Barber L	$242,533
Altman G N	$154,737	Arnot J B	$201,743	Barc J	$178,794
Alto L E	$310,539	Arnott P C	$162,739	Bard R J	$176,274
Alvi A	$356,912	Ashcroft R P	$110,603	Baria K	$273,152
Alvi C W	$135,299	Ashique A	$67,487	Barker M F	$307,264
Amarasekera D V	$156,919	Ashton M	$68,262	Barker S L	$112,744
Amede K H	$200,161	Assuras G N	$213,751	Barnes P H	$67,438

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 111 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 113 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Baron C M	$120,412	Blank A	$159,261	Bristow G K	$72,643
Baron K	$266,742	Blight W J	$171,896	Broda R J	$156,710
Bartlett L C	$170,320	Blouw R H	$213,218	Brodovsky D M	$96,739
Bass M T	$387,576	Blyth S	$222,496	Brodovsky S	$307,716
Bay T	$161,003	Bobby B	$86,409	Brooker G (2)	$228,157
Bebchuk W	$90,411	Bock G W	$375,700	Brown R	$266,921
Becker A	$124,683	Boguski G	$51,875	Brown R	$259,300
Beckstead J E	$170,357	Bohemier G	$131,067	Brownell L	$185,545
Bedder P	$211,836	Bohemier R	$125,912	Brownstone R	$100,535
Bedi B	$269,520	Bolton D R	$219,033	Bruneau M R	$188,009
Beldavs R A	$760,339	Book B H	$51,106	Bryski L M	$99,856
Bell D D	$100,368	Bookatz B J	$199,110	Bshouty Z	$58,599
Bellan L	$393,662	Booth F	$74,574	Buchik G M	$68,868
Bellan S	$83,544	Booy H	$223,289	Bueddefeld H D	$184,127
Benning H S	$345,705	Borley J	$104,075	Buksak L A	$82,849
Benoit A	$279,701	Boroditsky R S	$210,309	Bulitz T	$53,141
Bereznay O	$253,698	Borrett G F	$99,306	Bullen S A	$68,740
Bergen J	$200,929	Borys A E	$142,979	Bulloch R B	$161,157
Bergman E	$136,342	Botha D J	$321,324	Burger L A	$189,766
Bergner H	$208,275	Botha U	$151,108	Burke M E	$174,567
Bermack B A	$274,016	Boult I F (2)	$2,092,179	Burnet N	$243,695
Bernier M	$460,739	Bourdon N	$55,801	Burnett C J	$76,854
Bernstein C	$140,908	Bourque C N	$259,630	Burnett M	$309,116
Bernstein K (3)	$1,108,730	Boustcha E	$118,526	Calderon-Grande H	$154,841
Berrow P J	$126,306	Bovino M	$53,766	Calhoun L L	$83,473
Bertsch A	$206,081	Bow E	$55,705	Cameron A I	$118,118
Beveridge T F	$59,408	Bowman D M	$62,355	Cameron M R	$329,132
Bhattacharya S K	$388,887	Bowman M N	$75,924	Campbell B	$85,680
Bhayana R K	$216,787	Boyd K L	$133,629	Campbell G	$242,601
Bhayana R	$186,284	Bracken J	$200,890	Caners D	$313,142
Bhayana V	$282,456	Bracken J H	$184,747	Cannon J E	$245,492
Biala B	$159,718	Bradley B D	$236,478	Canvin J M	$102,559
Biehl D	$209,477	Brandes L J	$105,417	Caplan A H	$286,139
Billinkoff E	$221,950	Brandt L	$50,161	Caplan D C	$187,564
Bilos R J	$54,748	Braun E	$184,819	Cappellani R	$243,140
Birk P	$52,597	Braun J	$78,670	Carpenter N	$250,371
Birt D	$344,630	Braun K Y	$79,835	Carson J B	$221,346
Bissonnette A	$186,874	Breckman D K	$246,357	Cartagena R	$244,617
Black D R	$271,278	Breckman G	$117,929	Carter B	$57,939
Black G B	$271,605	Bretecher G	$345,855	Carter R	$273,267
Blakley B W	$150,649	Bright R C	$163,924	Caswell B	$70,259

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 111 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 113 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Caulley E	$317,174	Clark S M	$109,783	Czarnecka M	$158,192
Cavallo D	$153,808	Clarke W E	$137,294	Czarnecki W	$324,539
Cavett T	$104,234	Clayden G	$272,038	Da Silva H	$63,528
Chaboyer R	$53,669	Cleghorn G M	$51,105	Da Silva L M	$192,839
Chalaturnyk R	$50,124	Cleghorn S	$453,889	Dabrowska W	$83,517
Chalmers I M	$68,737	Coates K R	$270,242	Dabrowski P	$400,885
Champagne D	$69,064	Cohen M A	$103,238	Daeninck P J	$94,270
Chan E L	$159,372	Cohen M	$246,686	Daien A	$59,035
Chan J J	$305,271	Cohn A	$67,025	Dakshinamurti S	$257,134
Chan K A	$326,083	Collins C	$70,370	Dalling G N	$101,476
Chan M C	$151,040	Collison L M	$151,993	Dang Tai H	$223,695
Chan M K	$54,632	Collison S	$59,486	Daniel G	$126,187
Chan P	$116,310	Collister Cl W	$344,952	Daniels J H	$200,283
Chan T	$215,864	Connor D	$332,235	Daniels V	$119,743
Chang S W (1)	$1,859,729	Connor D H	$52,805	Danzinger R G	$77,977
Chapman S D	$280,127	Connor G T	$127,470	Dashefsky S M	$78,907
Chapnick C	$144,946	Coodin H	$167,306	Davey M	$264,763
Chatel N L	$107,276	Coodin S Z	$110,384	Davey R J	$250,139
Cheam E S	$112,028	Corbett R P	$93,763	David M F	$345,344
Chenier D	$63,118	Corder D	$236,756	Davis M H	$370,602
Chenier P	$82,596	Cordova J L	$102,428	Davis R A	$83,663
Chernick M	$261,786	Corne R A	$104,360	Davloor R	$227,066
Chernish G	$75,607	Corne S I	$132,092	De Klerk L	$50,126
Cheung L K	$457,521	Corner F D	$164,839	De Korompay V	$346,633
Chimilar J D	$62,432	Coueslan G W (2)	$617,095	De Moissac P	$163,055
Chin D	$737,278	Cowan D J	$355,370	De Rocquigny A J	$319,682
Chin K	$135,878	Coyle S J	$186,099	De Wet R R	$233,883
Chlysta T S	$218,720	Craig D	$158,657	De Wit S L	$383,087
Cho P A	$204,268	Cram D H	$416,619	Dean H	$55,265
Chochinov A	$52,106	Crawford D	$159,329	Debrouwere R	$336,553
Chochinov P H	$141,710	Crawford G	$55,739	Decter A	$143,846
Chodirker B N	$81,766	Cristante L	$135,367	Decter D	$401,886
Choptiany R B W	$163,239	Cronin R J	$72,133	Dekker J J	$176,651
Choptiany T I	$251,645	Cross H G	$62,586	Del Rizzo D	$228,622
Chow C	$311,113	Cross R	$248,612	Delaive M	$251,414
Chudley A E	$66,607	Crow F M	$71,964	Demsas H	$169,389
Chung L	$319,001	Cumming G	$61,531	Deonarine L	$239,102
Clark F	$99,772	Cummings M	$210,727	Deong P J	$230,148
Clark M A	$114,061	Czaplinski J	$101,692	Desmarais G P	$112,190
Clark S G	$177,033	Czaplinski K	$196,701	Desmond G H	$225,871

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 111 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 113 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Deutscher R	$261,737	Duerksen M T	$201,980	Ewert F J	$290,636
Dhalla S S	$725,716	Duff B D	$103,326	Fair S E	$128,729
Dhanjal P	$91,383	Duffy G	$162,859	Falconer C W	$157,633
Dias E M	$116,160	Duggal K C	$299,327	Fast M D	$445,983
Dirks H T	$64,800	Duke M J	$80,065	Feasey D	$91,370
Dissanayake D	$170,188	Duke P C	$174,403	Feierstein M	$130,544
Dittberner K	$118,638	Duncan S J	$228,608	Ferguson D A	$54,961
Dizon A M	$122,594	Dupont J O (4)	$707,909	Ferrari J K	$177,085
Doak G J	$256,949	Duprat C	$150,822	Fewer H D	$203,509
Doctorow V A	$97,524	Duval R	$109,472	Fine A (3)	$997,600
Doermer E	$252,788	Dyck D R (2)	$178,196	Fishman L	$260,957
Doerr J J	$259,644	Dyck G H	$309,998	Fitzgerald M	$189,820
Dolynchuk K	$229,650	Eaglesham H (2)	$372,239	Fitzsimon J	$120,602
Dominique Fi	$328,499	Ebbeling-Treon L	$140,395	Fleisher M	$84,373
Domke H	$241,975	Edye F	$65,504	Fleisher W P	$75,121
Domke O	$161,149	Egan M M	$129,108	Fleming F L	$54,588
Domke S	$193,988	Eggertson D	$222,565	Fleming S T	$58,169
Donnelly J P	$166,006	Ekins M B	$185,662	Fletcher C W	$236,442
Doroshenko S	$69,950	Eksteen B B	$50,647	Foerster J	$63,008
Doucet P M	$164,974	Eleff M K	$112,779	Fogel R B	$131,102
Downs A C	$204,802	Elkin J	$179,187	Fong H	$538,378
Doyle E	$97,617	Elkin M S	$110,275	Fontigny N	$144,889
Doyle J	$267,294	Elliott T C	$134,071	Forgach L G	$56,824
Dressler G	$53,825	Elves E	$385,542	Fouad W	$83,340
Drexler J	$245,039	Embil J M A	$149,055	Fox J D	$190,276
Dreyer C	$75,973	Emery C	$145,092	Frame H	$142,879
Dreyer F	$180,809	Engel C	$166,444	Fraser M B	$168,828
Du Bois E	$179,460	Engel J S	$311,642	Fraser V H	$193,515
Du J	$156,378	Engelbrecht J	$113,035	Frechette C	$57,194
Du Plooy J	$242,985	Engelbrecht S	$143,444	Frederick D	$71,788
Du Val L A	$75,849	Enns J P	$354,913	Fredette P	$146,562
Dubo Hy I	$170,869	Epp C H	$70,631	Friesen F R	$297,897
Dubyna D	$286,029	Erhard P	$239,125	Friesen J	$292,774
Ducas D A	$54,515	Eschun G M	$71,298	Friesen J A	$67,539
Ducas J	$424,779	Esmail A	$453,992	Friesen K L	$142,688
Ducheck D L	$52,311	Esquivel A	$178,717	Friesen R M	$211,913
Dueck D	$111,675	Esser C M	$66,979	Froese W	$288,305
Duerksen C	$247,265	Ethans K D	$72,665	Frohlich A	$285,471
Duerksen D	$271,604	Ethans T	$112,728	Fuchs G R	$278,565
Duerksen F	$80,631	Evans D R	$150,447	Fumerton W R	$580,125
Duerksen K	$85,995	Evans M J	$67,497	Fung H	$99,260

Explanatory Notes:

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(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Fuzeta G	$165,648
Gabriel M	$159,611
Galbraith P A (1)	$2,147,441
Galessiere P F	$379,835
Gall R M	$193,991
Gallagher K	$57,053
Garba S	$258,170
Garber L	$295,128
Garber P J	$97,183
Gard M A	$186,145
Geddes J S	$126,393
Gelley G	$51,245
Gerstner T	$182,081
Gertenstein R	$321,257
Giesbrecht D R	$299,661
Giesbrecht J E	$139,025
Gill E	$142,296
Gillespie B	$682,886
Gillespie J	$178,678
Girard J	$149,221
Glew W B	$63,409
Glezerson G	$288,519
Globerman D	$88,572
Gobeil J J G	$116,382
Goerz P G	$108,445
Goheen M S L	$71,759
Goldberg N	$277,478
Goldenberg D	$332,549
Gomori A J	$167,655
Goodhand T K	$95,756
Goodman A E	$59,189
Goodman R L	$308,390
Gooi Teong H	$362,203
Gooi Teong L	$675,358
Goossen M	$304,670
Gordon J	$274,184
Gorski B A	$439,681
Gould L F	$174,495
Govender P	$87,962
Goytan M J	$362,733
Grabowski J	$211,435
Grace K J	$175,432
Graham B	$88,642
Graham C R	$290,767
Graham K	$139,096
Graham M R	$167,337
Graham R	$73,588
Grahame G	$61,888
Grant L	$145,881
Graves D F	$117,158
Gray M G	$234,551
Greenberg C R	$53,309
Grierson R	$62,751
Griffin P	$220,130
Griggs G	$205,725
Grimes R B	$113,875
Grobler W P	$150,869
Grogan J A	$84,216
Groves L	$213,212
Guijon F B	$209,061
Gunson A J	$69,748
Gupta C K	$334,221
Gupta D K	$765,751
Gustafson R	$84,893
Guzman R	$361,648
Gwozdecki T	$289,612
Ha Francis T	$143,571
Hagerman R N	$105,750
Hahlweg K	$142,769
Hai M A	$224,148
Haiart D C	$303,440
Haligowski D	$199,909
Halkema E R	$196,992
Hall P F	$107,384
Hallatt D	$79,024
Hamedani R	$120,435
Hameed K A	$224,642
Hamm R C	$162,450
Hammond G W	$51,717
Hampton C S	$165,358
Hancock B J	$160,851
Hanks G A	$85,356
Hanmiah R	$95,740
Hansen J G	$109,302
Hanson P L	$137,944
Harding G K M	$70,534
Hardy B (2)	$288,984
Haresha A	$71,678
Harley M J	$165,457
Harms S	$261,591
Harrington J	$118,735
Harris P	$541,056
Harrison W D	$113,240
Harsanyi I	$229,838
Hartley D M	$227,424
Harvey A C	$137,029
Hasan M	$66,242
Haseeb S	$112,388
Hataley J M	$84,066
Hawaleshka A	$321,749
Hawkins J	$73,267
Hayakawa J	$178,985
Haydey R P	$342,414
Hayward R J	$393,020
Hechtenthal N	$125,718
Hedden D R	$289,813
Hedden J R	$136,100
Heese H	$93,945
Heidenreich W	$166,637
Helewa M E	$378,190
Henderson L	$92,423
Henry S F	$301,193
Herd A	$104,762
Hershberg D M	$163,208
Hershfield E	$160,733
Heywood M	$349,885
Hiebert T	$106,329
Hildahl C	$221,644
Hildahl W	$159,246
Hilderman L	$88,317

Explanatory Notes:

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Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Hildes R	$50,382	Jackson J	$59,866	Kasper K D	$103,765
Hobson D E	$248,962	Jacob V C	$570,736	Kati A A	$151,061
Hoeppner W T	$192,430	Jain M	$400,989	Katz L	$125,406
Hoeschen L	$75,603	James J M	$366,322	Katz P	$135,145
Hoeschen R J	$75,042	Janzen L	$115,078	Kaufman B J	$91,880
Hoff H R	$114,781	Jason M	$262,781	Kaufman R	$131,536
Holder F	$218,201	Jebamani S	$155,075	Kaushal R D	$249,218
Holmes C	$105,245	Jeffery J R	$117,252	Kayler D E	$423,537
Holt S C (2)	$221,328	Jenkinson D	$71,857	Keddy-Grant J	$55,072
Homik L	$521,124	Jensen B	$88,295	Kehler T	$103,000
Hosegood G	$57,332	Jensen C W B	$262,161	Kelleher B	$174,072
Hosking D	$319,985	Jensen W L	$155,532	Kellen P	$138,858
Houston D S	$51,427	Johannesson T	$138,918	Kellen R	$477,380
Howden W A	$273,562	Johnson A W	$64,644	Kemkaran K	$121,701
Hoy C S	$123,883	Johnson D	$281,943	Kepron W	$116,133
Hrabarchuk B	$244,743	Johnson E	$252,316	Kerr L	$78,031
Hudson R J	$214,920	Johnson H	$156,575	Kerr P D	$216,764
Huebert D M	$348,326	Johnston J B	$110,177	Kettler J J	$64,092
Huebert H T	$178,778	Johnston J	$104,051	Kettner J	$105,818
Hughes P M	$174,815	Jolly K S	$355,325	Khan A	$139,721
Humphreys K	$74,708	Joshi D A	$124,766	Khan A U	$87,571
Hung P	$63,956	Joshi J N	$201,534	Khan A	$51,578
Hurst L D	$217,661	Joundi M G	$230,854	Khan N A	$105,946
Husarewycz S	$206,814	Jovel R E	$108,014	Khan N M	$223,152
Hussain M I	$441,589	Jowett A	$248,198	Khan T A	$201,933
Hutfluss G	$310,559	Kabani A M	$106,063	Khandelwal A S	$212,048
Ibbitt C J	$181,253	Kaethler W	$206,485	Kim Seung Y	$92,806
Ilchyna D C	$158,483	Kahanovitch D	$145,662	Kim Sung W	$138,855
Iliffe G D	$205,688	Kahlon K	$202,558	Kimacovich R	$109,236
Ilnyckyj A	$85,304	Kaiser C	$51,224	Kimelman A L	$96,804
Ilse Werner K	$189,243	Kaita K D E	$161,222	Kindle G F (2)	$233,950
Ingimundson J C	$169,344	Kalansky G	$188,845	Kinnear D	$237,840
Inglis D	$221,922	Kalicinsky C	$50,060	Kinsner J M	$114,766
Ingram P F	$140,460	Kandasamy G	$241,421	Kippen R N	$254,550
Intrater H	$272,085	Kantor D	$147,746	Kish S L	$163,008
Ip A	$183,208	Kaprowy R	$165,082	Kisil D	$65,695
Irving J E	$297,638	Karlicki F	$214,530	Kisil K E	$114,926
Isaac C	$158,996	Karvelas J P	$195,010	Kitt K	$63,360
Isaacs R L	$140,474	Karvelas L M	$55,205	Kjernisted K	$116,944
Israels L G (1)	$5,842,129	Kasbia S S	$203,506	Klassen D H	$227,043
Jabs M	$67,518	Kashour T S	$421,569	Klassen N F	$244,948

Explanatory Notes:

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2001 *(Continued)*

Klassen O	$125,275
Kliewer K	$185,244
Klippenstein N	$324,546
Kloppers S	$346,923
Klym K	$177,150
Kobelka J D	$56,309
Koczanski R	$154,937
Koensgen S	$179,771
Koh C	$133,790
Kohanek F L	$92,933
Kolt A M	$140,674
Komenda B W	$192,659
Komosky J	$116,139
Kong A M C	$212,333
Korol G	$377,805
Kos G P	$60,609
Kotecha Y	$259,752
Koulack J	$392,753
Kousonsavath R	$135,047
Koven S	$159,088
Kovnats S	$61,942
Kowalchuk I J	$233,816
Kowalczuk M	$70,447
Kowalski S	$183,497
Kozman H	$210,972
Krahn C	$183,430
Krahn H P	$389,359
Krahn J	$269,166
Kraitberg N J	$131,823
Kramer M	$79,539
Kredentser J	$157,534
Kredentser S	$153,409
Kremer S	$81,211
Kreml J	$187,191
Krepart G	$173,309
Kristjanson M	$107,928
Kroczak T J	$289,176
Kroeker L R	$339,410
Kroeker M A (2)	$1,586,711
Kroft C D L	$84,827
Krongold I (2)	$1,241,425
Kruger J A	$139,690
Krzyzaniak K	$178,086
Kucheravy M	$100,433
Kucparic P	$177,749
Kuegle P F X	$210,316
Kumar R	$82,717
Kurtas T K	$61,927
Kwon M	$104,931
Kyeremateng D	$65,804
Lage K L	$90,960
Lagowski M	$249,880
Lam C C	$133,137
Lambrechts H	$222,457
Lander D A	$52,284
Lander M	$94,935
Lane E S	$169,687
Lane M A	$58,788
Lang C	$227,193
Langan J T	$254,283
Large G	$149,391
Larue L B	$160,309
Latosinsky S	$107,309
Lau Y	$59,970
Laurencelle R	$73,267
Lautenschlager E	$72,739
Lawrence E T	$225,111
Lawrence P	$448,139
Lazar M H	$236,232
Lazarow N	$90,780
Le Boldus L A	$225,390
Le Roux B J	$283,696
Leader E	$71,499
Lebedin W W	$263,889
Ledger I C	$63,141
Ledwich J R	$105,244
Lee B D	$54,314
Lee F F W	$343,408
Lee G Q	$163,756
Lee H B	$375,190
Lee J	$148,989
Lee K	$223,214
Lee L	$66,186
Lee S	$389,484
Lee V K	$341,687
Lee-Kwen J	$327,209
Leen D A	$331,008
Lee-Wing M	$79,682
Lefevre G R	$226,611
Lei B T C	$239,298
Leicht R	$606,807
Lemoine G G	$256,685
Lemon P W	$277,102
Lerner N	$209,056
Lertzman M	$56,099
Leslie H	$66,320
Leung S L P	$191,505
Leung W M	$122,311
Levi C S (2)	$911,248
Levin B L	$236,869
Levin H	$233,594
Levy B A	$190,638
Levy S B	$96,149
Lezack J D	$304,415
Li W	$177,320
Lieberman D	$147,149
Lim D S T	$103,013
Lim F	$496,224
Lim P	$89,197
Lindenschmidt R	$262,632
Lindquist L (2)	$445,865
Lindsay D J	$291,479
Lindsay G M	$218,823
Lindsay W	$181,847
Lipinski G	$232,764
Lipnowski S	$463,906
Lipschitz J	$346,956
Lipson A H	$173,091
Lloyd R L	$151,476
Loader K	$219,039

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 111 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 113 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Lockman L	$275,990	Macek R K W	$142,696	Martens B C	$85,305
Lockwood A	$247,750	Macfarlane C	$275,219	Martens R	$166,170
Lodewyks G A F	$113,265	Macintosh E	$138,314	Martin A G	$92,156
Loepp C	$115,200	Mackalski B	$271,451	Marx T	$256,082
Loewen S R	$87,164	Mackay M J	$62,928	Matas M	$116,029
Lofgren S R	$87,980	Mackenzie G S	$204,430	Mathen M K	$516,635
Logan A C	$341,915	Mackenzie S	$56,744	Mathieson A	$238,905
Loge J M	$167,384	Macklem A K	$263,264	Matsubara T K	$259,691
Loh Chi C	$131,809	Macleod B A	$177,200	Matthew T	$314,698
Lohrenz J B	$56,910	Macmahon R	$262,133	Maxwell I	$303,643
Long A L	$605,007	Macmillan M B	$230,534	Mayba I I	$203,698
Longstaffe A E	$241,647	Macrodimitris A	$330,204	Mayba J I	$324,208
Longstaffe S	$138,563	Maculewicz J	$220,931	Mccammon R J	$205,513
Lorteau G	$61,110	Maguire D	$341,447	Mccarthy D S	$90,555
Lotocki R J	$333,693	Maharaj C	$188,894	Mccarthy G	$446,056
Louridas G	$349,504	Maharaj G R	$141,290	Mccarthy T	$387,781
Love H W	$74,194	Maharaj I G	$238,018	Mcconnell M	$223,393
Loveless W	$225,410	Mahay R K	$396,721	Mccullough D W	$114,231
Lowden C S	$233,201	Maia E	$102,310	Mcdowell J D	$218,131
Lowther G H	$136,943	Maier J C	$207,309	Mcfadden L R	$148,854
Lu P B	$127,900	Maier R J	$114,554	Mcgowan A	$99,748
Lucash S E	$201,442	Major P (2)	$577,191	Mcgregor S	$324,933
Lucman L L (1)	$328,245	Maksymiuk A	$129,609	Mcintyre I L	$186,916
Lucman T S	$192,344	Malabanan E	$256,345	Mckiernan B	$292,375
Lucy S	$289,309	Malchy B A	$125,373	Mcneill A M	$192,036
Ludwig S	$111,362	Mallick B	$74,832	Mcphee J	$108,890
Luk T L	$182,689	Mallick K C	$139,545	Mcpherson J A	$193,255
Lukie B J	$249,055	Malmstrom J	$91,247	Mctaggart D L	$109,985
Lyons E A	$94,180	Manishen W J	$193,510	Mctavish G	$236,433
Lysack A M	$315,203	Manness R C	$148,456	Mehta A	$148,590
Lysack D A	$87,546	Manswell C B	$228,411	Mehta P G	$254,127
Lyttle D	$157,821	Manusow D	$225,782	Menard S	$104,642
Mabin D	$204,640	Marantz J	$50,302	Mendez C M	$71,928
Macdiarmid A	$90,565	Mare A C	$216,057	Menticoglou S	$402,618
Macdonald J K (1)	$68,466	Mare J P	$279,940	Menzies R J	$289,704
Macdonald N	$175,125	Margolis N	$215,038	Meredith M	$118,814
Macdonald P	$279,171	Marlatt W J	$58,175	Mestdagh B E	$94,295
Macdougall B	$110,122	Marr H	$95,449	Mestdagh L	$134,246
Macdougall E	$79,135	Marsh D W	$162,861	Mestdagh R	$77,128
Macdougall G	$233,236	Marsh G	$89,790	Metcalfe C	$199,102
Maceachern N	$277,836	Marshall K	$67,279	Meyrowitz D	$289,906

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 111 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 113 for list of facilities).*

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Mian M T	$151,468
Micflikier A	$1,030,559
Mihalcioiu C	$163,668
Milambiling E M	$119,092
Milambiling L C	$134,557
Millar T	$89,124
Miller A	$313,690
Miller D M	$293,577
Mills B J	$192,724
Milner J F	$405,342
Mina M M F	$171,830
Minnaar J	$176,959
Mintz S L	$54,680
Minuk E	$159,401
Mirzanejad Y	$372,099
Mis A A	$251,042
Miskiewicz L	$92,049
Moddemann D	$100,833
Mohamdee J F	$72,915
Mohamed C R	$327,831
Mohammed I	$226,165
Moharib N	$82,342
Moller J	$82,977
Momoh J T	$339,778
Moncek J A	$134,764
Mondesir K R	$57,509
Monson R C	$350,639
Monteiro G	$293,795
Montgomery P	$106,557
Moolman A	$226,388
Mooney W R	$181,809
Moore R F	$77,244
Moorhouse J A	$127,647
Moraes F X N	$127,896
Moran De Muller K	$373,766
Morgan T R	$261,470
Morham A	$89,941
Morier G S	$56,299
Morin G	$52,517
Moroz S P	$67,692
Morris A L	$107,901
Morris G S	$218,223
Morris M	$148,643
Mostert J	$184,419
Mould S M	$217,374
Mowat G	$118,430
Mowchun L	$103,630
Mowchun N	$157,518
Muirhead B	$220,917
Mulhall D	$60,858
Muller D H	$232,673
Muncner P	$180,973
Mundle S	$56,864
Murphy L J	$72,525
Murray E	$114,387
Murray G G	$51,318
Murray K	$361,688
Muruve G N	$244,038
Mutch W A C	$163,517
Myers W E	$341,414
Mymin D	$129,246
Mysore M	$211,674
Nachtigal H	$63,002
Naidoo J (1)	$429,173
Naidoo S P (1)	$3,539,009
Nair U K	$298,659
Narotam P	$154,093
Narrandes R	$150,844
Narvas R M	$230,224
Narvey E B	$67,892
Nason R W	$216,178
Naugler S	$81,950
Nehra P	$252,781
Nelko S	$113,983
Nell A M	$244,645
Nemeth P	$275,159
Nepon J	$227,852
Neufeld H	$99,640
Newman F	$199,734
Nguyen K M	$182,676
Nguyen L	$226,254
Nguyen M H	$218,853
Nguyen T H	$56,654
Nguyen Vi L	$61,459
Nicholson D	$121,592
Niemand R	$209,632
Nigam R	$160,577
Nisbett S	$589,936
Noel C	$364,556
Nugent L M	$161,801
Nyhof H	$222,757
Nyomba B L	$64,474
Ochonska M	$265,407
Oen K G	$51,772
O'hagan D B	$248,539
O'keeffe K	$142,267
Oliviero I	$60,713
Olson R L	$170,526
Olweny C L	$70,972
Olynyk F	$99,638
Omelan C K	$53,806
Omichinski L M	$289,042
Ong B Y	$197,681
Ong G H	$334,772
Onotera R	$219,180
Onyshko D	$203,242
Oosthuizen J	$270,820
Opie C H	$50,501
Oppenheim E	$230,799
Ormiston J D	$198,576
Osler F G	$95,465
O'sullivan M	$269,602
Pachal C A	$144,725
Pacin A	$128,108
Pacin O	$193,997
Padeanu D	$139,492
Padua R N	$263,379
Paetkau D	$228,545
Palaschuk G	$72,019
Pan A	$217,836

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Panaskevich T	$254,300	Pilat E J	$158,019	Ramgoolam R	$310,637
Pang E G	$137,153	Pinder M	$183,521	Ramsay D R	$222,306
Paprocki I	$82,027	Pinniger G	$167,777	Ramsay J A	$107,655
Paquin R W (2)	$509,482	Pintin-Quezada J	$178,694	Ramsey D V	$52,319
Parham S M	$232,186	Pirzada M A	$135,389	Ramsey E W	$200,795
Parker K R	$209,224	Plueschow M	$81,972	Regehr J	$131,763
Partridge G	$70,308	Podaima C	$59,349	Rehal R S	$241,477
Pascoe E A	$309,820	Podolsky G R	$60,985	Reich I M	$92,730
Pasterkamp H	$102,406	Poettcker R	$114,121	Reid G J	$198,840
Patel J	$157,343	Polimeni C	$75,669	Reimer D K	$127,049
Patel L R	$301,212	Polimeni J	$121,823	Reimer H	$186,597
Patel Praful C	$262,320	Pollock B	$272,104	Reimer M B	$196,942
Patel Pravin C	$350,431	Poon W W C	$187,037	Reiss Marlene	$53,755
Patel R C	$339,551	Poplak T M	$332,722	Reiss Michelle	$144,056
Patel S V	$207,723	Popoff D	$98,136	Rempel R G	$54,831
Pawlak J	$205,106	Pops H	$73,799	Rennie W R J	$123,639
Peabody D	$132,635	Postuma R	$191,696	Renouf F	$199,025
Pearlman D	$201,527	Potoski J P	$269,930	Rice P	$131,554
Pearson F B	$78,726	Povah W B	$81,242	Rich A D	$237,332
Pelissier R	$116,768	Prakash D	$272,618	Richardson C	$154,830
Penner S B (3)	$903,086	Prasad Ai	$56,909	Riche B	$339,944
Penrose M	$237,198	Prasad B	$66,508	Ridley T S	$103,353
Perkins G	$65,246	Prenovault J	$143,244	Ringaert K	$235,436
Perlov J	$125,283	Pretorius A	$275,111	Riordan P	$192,991
Permack S	$189,247	Pretorius L	$159,054	Ripstein I	$109,047
Perrett M	$91,197	Price J	$239,116	Ritchie B A	$195,838
Peschken C	$51,434	Pritchard P	$89,027	Ritchie J	$96,085
Peterdy A E	$132,487	Prober M A	$163,039	Rittenberg D	$272,344
Peters D	$246,110	Prodan O	$140,159	Rivas J H	$119,101
Peters H O	$203,861	Putnins C	$203,420	Rivkin B	$62,379
Peters R J	$117,153	Puttaert D	$80,857	Roberts J R	$199,802
Peterson C	$105,954	Quesada R	$264,523	Roberts M	$157,505
Peterson J	$211,294	Raabe M A	$253,773	Robertson G A	$350,974
Petkau A	$142,026	Rabson J L R	$737,636	Robillard S C	$96,488
Petrenko P	$60,931	Racette T	$123,171	Robinson C	$82,528
Petrilli L A	$143,020	Rae P E	$79,489	Robinson D	$56,921
Petrinack N	$67,419	Rafiq M	$86,406	Robinson J	$350,707
Pickard K	$129,935	Rahman M	$171,390	Robinson W	$203,895
Pickering B	$332,316	Raizen M	$64,381	Rocha G	$523,334
Pierce G W (2)	$995,488	Raizman A H	$62,725	Roche G	$165,879
Piesas D J	$155,890	Rajani K R	$352,655	Roe B E	$67,627

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Rogozinska L	$301,287	Sawyer J A	$216,575	Sharma S	$103,698
Rohaid P	$55,804	Scatliff J	$229,481	Shatsky M (2)	$412,690
Rosario R	$128,159	Schachter M	$116,969	Shay G D P	$76,064
Rosenthal P	$107,403	Schaeffer D	$105,982	Shelton L	$127,347
Ross F J (1)	$298,970	Schaub J C	$119,226	Shelton P A	$145,424
Ross F K	$91,286	Schellenberg D	$99,295	Sheps M	$210,136
Ross J F	$511,638	Schellenberg W C	$283,934	Sheridan J T	$164,221
Rosser B G	$133,118	Scher K E	$111,131	Shiffman F H	$245,167
Rothova A	$198,532	Schledewitz I L	$82,677	Shnider M	$164,143
Roux J G	$190,965	Schmidt B J	$65,679	Shojania A M	$138,207
Roy M J	$133,768	Schmidt D	$230,462	Shuckett P	$297,974
Roy M	$68,240	Schoeman A M	$209,061	Sickert H G	$137,649
Rubinger M	$54,755	Schroeder A N	$280,716	Sikhakhane A	$92,738
Ruddock D L	$233,006	Schur N K	$213,119	Sikora F J	$152,626
Rumbolt B R	$238,532	Scott-Herridge G	$59,187	Silagy S	$234,760
Rusen J B	$197,034	Scurrah J D	$281,683	Silverman R	$246,948
Rush D N	$90,868	Seager M J	$484,150	Silviu-Dan F	$166,580
Rush N O S	$170,412	Segstro R J	$212,551	Simkin R	$151,207
Rusnak B	$253,071	Seguin A	$59,811	Simm J F	$92,245
Russell B F	$176,460	Seifer R	$94,891	Simmonds C B	$151,815
Rust G	$96,653	Seitz A R	$163,819	Simonsen J N	$51,499
Rust L	$65,229	Sekundiak T D	$314,937	Simonson D W	$146,705
Rutherford P	$52,656	Semenjuk M	$93,284	Simpson P	$57,561
Ryckman B A	$214,781	Sen R	$266,229	Singer M	$111,588
Saad N	$62,748	Senderewich E	$84,746	Singer R	$148,127
Saadia R	$122,744	Serushago B	$56,457	Singh A	$230,008
Sachdeva P (1)	$284,165	Seshia S S	$152,168	Singh G B	$482,340
Sachdeva R	$253,573	Sethi K	$104,049	Singh J	$153,586
Sadri D	$216,456	Sethi S	$339,815	Singh M	$185,018
Sahota S S	$146,534	Sett S	$86,853	Singh-Rehsia D	$585,579
Salamon E	$342,391	Sewell G	$130,230	Sinha M	$425,785
Salem F	$341,175	Sewell S A	$274,558	Sinha S N	$478,337
Samuels E R	$90,804	Shah A	$188,419	Skakum K K	$105,771
Sanders R W	$95,271	Shah B	$245,345	Skakum R	$83,971
Sandha G	$101,455	Shah C M	$161,583	Skead L	$312,544
Sareen J	$52,906	Shane F	$114,339	Skelly S G	$310,395
Saunders C G (2)	$1,601,575	Shane M	$261,458	Sloan G	$153,199
Saunders K	$169,601	Sharif M N	$347,760	Small R	$61,898
Savage B	$173,125	Shariff F K	$117,801	Smart J R A	$231,790
Sawka A N	$366,633	Sharkey J B	$323,567	Smil E	$179,188

Explanatory Notes:

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Smit M	$62,566
Smith H W E	$389,020
Smith R G	$204,842
Smith R W	$215,473
Sochocka E K	$294,577
Sokal J E M	$114,707
Sokolowski D	$208,805
Sommer H M	$102,000
Soni Ni R	$165,002
Soni S D	$60,454
Soni S	$203,438
Sowemimo A	$269,155
Spanihel J J	$84,908
Specht G C	$71,452
Speer M	$197,938
Srichandra W	$260,845
St John P D	$53,460
St Vincent A	$183,086
Stadnyk L A	$113,949
Stanko L	$267,637
Starodub D C	$53,800
Starzecki B	$173,589
Stearns E	$274,725
Stecher R D	$183,326
Stedman N	$53,662
Steigerwald R	$116,547
Steinberg F	$58,163
Steinberg R	$124,969
Steinberg S	$63,226
Stelzer J	$132,299
Stenhouse J K	$106,145
Stephensen M	$227,803
Stevens L	$273,537
Stewart G	$80,908
Stillwater R B	$178,140
Stimpson R	$73,819
Stitt A	$66,447
Stitt G P	$67,742
Stitt R L	$67,221
Stitz M	$83,387
Storoschuk G	$195,562
Stranc M F	$185,069
Strasfeld M	$90,067
Strydom H	$156,155
Stuart T	$57,973
Sud A K	$468,615
Sullivan M	$89,569
Susser M	$150,088
Sutherland D	$187,746
Sutherland J	$126,686
Sutter J A	$251,910
Sutton I R	$151,355
Svorkdal N	$214,653
Swain V J	$81,555
Swartz J	$243,404
Sweetland R	$83,404
Swenarchuk G	$73,556
Sylwestrowicz W	$294,231
Symchych M	$99,578
Syslak P H	$192,949
Syslak W B	$228,339
Szajkowski S	$206,909
Tam J W	$73,255
Tan L	$272,838
Tang-Wai R	$281,232
Tanner J	$293,742
Taraska V	$429,789
Taraska V	$206,094
Taylor H R	$306,554
Taylor M J S (1)	$1,080,942
Taylor M C	$157,577
Taylor P D	$71,938
Taylor S N	$410,292
Tenenbein M	$108,783
Theodore G M	$222,300
Therrien D	$96,572
Thiessen M N	$162,816
Thiessen R	$62,990
Thompson R A	$83,278
Thompson T	$168,204
Thomson G T D	$152,135
Thomson I R	$211,242
Thorlakson D	$99,289
Thorlakson R H	$78,501
Thottingal A P	$124,586
Ting D	$131,738
Toews H A	$178,137
Toews K A	$109,843
Tole G D	$80,273
Tomchuk E	$272,864
Tomy H	$132,891
Tomy P	$269,784
Toole J	$290,728
Trainor J M (1)	$5,402,113
Tran C P	$196,181
Tretiak W D	$92,230
Tsang D	$317,900
Tsang K F M (1)	$153,991
Tse W C	$222,810
Tsuyuki S H (2)	$331,782
Tulloch H	$173,096
Turabian M	$243,798
Turner D R	$366,305
Turner R B	$410,062
Ullyot G L E	$80,050
Ullyot S	$243,804
Unruh H W	$289,573
Vajcner A F	$321,253
Van Alstyne M	$271,600
Van Ameyde K	$93,662
Van Donkersgoed L	$302,617
Van Gend R	$82,319
Van Heerden J	$198,712
Van Horne W A	$226,886
Van Jaarsveldt W	$59,286
Van Rooyen G	$243,834
Van Rooyen M L	$259,475
Van Schoor L	$149,009
Van Zyl S A	$230,914
Vandenberg W L	$273,702
Varma A	$331,207
Vasconcelos J A	$237,986
Vattheuer F	$97,007

Explanatory Notes:

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Vellema D M	$78,639
Venter He L	$201,586
Verma K	$118,099
Verma M R	$178,316
Vianzon C	$253,806
Vickar E L	$221,260
Vijay R	$167,880
Violago F	$133,572
Visch S H R	$106,869
Visser G	$130,458
Vivian A	$425,564
Walker A	$146,105
Wallace S E	$138,666
Waller D J	$87,637
Walli J E	$277,609
Walterson K	$75,024
Wang J	$390,048
Warda L J	$77,941
Warren C P W	$87,913
Warrian R K	$337,260
Warrian W G	$86,746
Warrington R	$170,883
Waters W R	$209,882
Watson J D	$117,458
Watson W T A	$126,625
Watters T	$54,442
Webb S	$96,158
Weidman M L	$240,848
Weirich M K	$257,394
Weizman S	$218,467
Welch G J	$186,582
Werier J	$217,341
Werner N H	$58,557
White B K	$322,461
White I W C	$256,798
White O J	$420,609
White S	$54,828
White V P	$77,510
Whittaker E	$63,126
Wiebe H L J	$149,685
Wiens A V	$239,921
Wiens J J	$595,006
Wiens J L	$456,460
Wiesenthal A	$52,934
Wiesenthal B D	$167,093
Wiesenthal Z	$193,164
Wightman H R (1)	$2,869,565
Wightman N A	$126,946
Wilken Wr	$158,685
Willemse P	$536,529
Willemse P Q	$171,542
Williams O R	$194,657
Williamson D	$65,026
Willows J R	$74,019
Wilson D	$61,626
Wilson G J	$114,108
Wilson G P	$161,644
Wilson M (2)	$351,280
Winistok W	$270,607
Winogrodzka C	$163,607
Winzoski T	$81,799
Wirch M F	$79,203
Wiseman D G	$155,337
Wiseman N	$310,110
Woelk C	$134,370
Wolfe K B	$147,361
Wollner G P	$177,497
Wong H	$226,967
Wong K T J	$169,679
Wong R P W	$122,260
Wong S W C	$337,618
Wong T	$120,082
Woo C	$217,096
Woo N	$77,171
Woo V C	$387,023
Woods A K	$157,975
Woolf C I	$126,325
Wozney L R	$168,741
Wozny A J	$190,905
Wulff E	$85,148
Yaffe C	$393,984
Yale R	$75,641
Yamamoto K	$231,181
Yamsuan M	$58,422
Yaren S	$80,096
Yeo L I (2)	$221,215
Yeung C	$244,516
Yip B	$59,670
Young D	$133,945
Young J D	$203,595
Young M R	$182,957
Young S K	$173,897
Yuen C K	$318,255
Zacharias G	$235,035
Zacharias J	$134,188
Zaki Magdy F	$274,661
Zeiler F	$340,325
Zetaruk M	$102,959
Ziesmann M	$689,194
Zimmer K W	$186,591
Zurbyk R	$90,191
Zywina P R	$172,697

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 111 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 113 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

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Laboratory Directors and Facilities

Banerjee R	Assiniboine Clinic Laboratory
Chang S W	Winnipeg Clinic
Galbraith P	Manitoba Clinic
Israels L G	Central Medical Lab
Lucman L	Provencher Medical Diagnostic Laboratory
MacDonald J K	Clement Block Lab - Brandon
Naidoo S	Southwood Laboratory
	Unicity Lab Services-McPhillips Street
Naidoo J	Central Medical Lab
Ross F J	Park West Medical Centre
Sachdeva P	Abbott Clinic
Taylor M J S	Western Medical Clinic
	The Brandon Clinic
Trainor J M	Medical Arts Building
	Windsor Park Medical Centre
	Lakewood Medical Centre
Tsang K F M	Norlyn Lab Service
Wightman H R	Assiniboine Clinic Lab

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Schedule of Payments for Fiscal Year Ended March 31, 2001 ***(Continued)***

Radiology Directors and Facilities

Boult Ian F	Winnipeg Radiology Services - Medical Arts Building
	Winnipeg Radiology Services - Charleswood Clinic
	Winnipeg Radiology Services - Southwood Medical Centre
Couselan G W	The Brandon Clinic
	Clement Block Xray
Dyck D R	Bethel Hospital - Radiology Department
	Winkler Clinic
Eaglesham H	Manitoba Xray Clinic - Elmwood Branch
	Misericordia Care Centre - Ultrasound
Hardy B	Abbott Clinic
Holt S C	St. Vital Radiology Services
Kindle G F	Brandon Hospital Screening Program
Kroeker M A	Manitoba Xray Clinic - Dr Hildahl
	Manitoba Xray Clinic - Tache Branch
Krongold I	Tache Xray Service - Graham Avenue
	Norlyn Xray Department
	Assiniboine Clinic
	Parkview Xray Clinic - Main Street
	Seven Oaks Medical Centre
	Boyd X-Ray Clinic
Levi C	HSC Diagnostic Ultrasound
Lindquist L	Winnipeg Clinic
Major P	Manitoba Clinic
Paquin R W	Transcona Clinic Xray
	Metro Xray Clinic - Graham
Pierce G W	Manitoba Xray Clinic - Westwood Branch
	Grace Hospital Ultrasound
Saunders C G	Diagnostic Services Division
	Manitoba X-Ray Clinic
Shatsky M	Westbrook Medical Centre
	Drs Kaprowy, Krongold, Ng & Shatsky
	Lakewood Medical Centre
	McGregor Medical Centre
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Cinic – Misericordia Care Centre
Yeo L	Metro X-ray – Graham Avenue

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Dialysis Directors and Facilities

Bernstein K	Health Sciences Centre
Fine A	St. Boniface General Hospital
Penner S B	Brandon General Hospital
Bernstein K and Fine A	**Local Centres**
	Dauphin General Hospital
	Flin Flon General Hospital
	Morden Hospital
	Pine Falls Hospital
	Portage la Prairie Hospital
	The Pas Health Complex
	Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
	Winnipeg Clinic – Nuclear Medicine